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ABSTRACT

The document contains five selected readings and a listing of resource materials on the prevention, investigation, and correction of child abuse and neglect in residential institutions. Section I contains an excerpt from the February 1977 issue of Child Abuse and Neglect Reports. Section II covers the final report of the National Conference on the Institutional Maltreatment of Children (June 1977). In section III excerpts from the Human Ecology Forum are given, including, "Viewpoint--Institutions are Abusive", "Our Children's Keepers--Institutions in an Abusive Society", "Wordsworth--Rachel Won't Be Going Home", among others. Section IV contains excerpts from the draft of Federal Standards for Child Abuse and Neglect Prevention and Treatment Programs and Projects, mandated by Public Law 93-247. In section V the Model Child Protection Act with Commentary draft is provided, giving a structured model for the organization and implementation of state services. (PHR)

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Child Abuse and Neglect in Residential Institutions:

Selected Readings on Prevention, Investigation, and Correction

U S DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
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NATIONAL CENTER ON CHILD ABUSE AND NEGLECT
Children's Bureau/Administration for Children, Youth and Families/Office of Human Development Services
U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

DHEW Publication No. (OHDS) 78-30160

FOREWORD

Over 400,000 children live in residential institutions such as treatment centers, temporary and long-term shelters, detention homes, centers for the mentally retarded and developmentally disabled and group homes; an additional 400,000 live in foster homes.

There are those who argue that the institutionalization of children is, of itself, maltreatment. However, until such time as there are viable alternatives, the fact must be accepted that the needs of some children require that they be placed in institutions. Nevertheless, it cannot be denied that there are children in institutions who do not belong there now, just as there are children whose needs are unmet because they are not in institutions.

Despite the best intentions of program managers, all too often children are victims of maltreatment in the very institutions which are operated to care for and serve their needs. These children are largely voiceless and at the mercy of adults who operate the institutions or agencies. Often there is no intermediary or advocate to represent their rights and interests. In the past, allegations of institutional child maltreatment--if acted on at all--have been handled on an ad hoc basis, often through grand jury investigations or the creation of "blue ribbon" panels.

The maltreatment of children in residential, caregiving institutions is a matter of grave concern to those who are interested in the welfare of children. An ever increasing number of voices are being raised to demand that action be taken to prevent the abuse and neglect of institutionalized children and that systems be developed and implemented to insure that prompt corrective action be taken when maltreatment occurs.

As a result of the P.L. 93-247 eligibility requirements, 42 states now make provision for the independent investigation and corrections of institutional child abuse and neglect. The issue of investigating and correcting maltreatment of children in residential institutions is addressed in the Federal Regulations which implemented the Child Abuse Prevention and Treatment Act (P.L. 93-247). That section of the regulations which details the conditions which States must satisfy in order to be eligible for a direct grant states, in part: ". . . The State must provide for the reporting of known or suspected instances of child abuse and neglect. This requirement shall be deemed satisfied if a State requires specified persons by law, and has a law or administrative procedures which requires, allows, or encourages all other citizens, to report known or suspected instances of child abuse and neglect to one or more properly constituted authorities with the power and responsibility to perform an investigation and take necessary ameliorative and protective steps.....A properly constituted authority may include the police, the juvenile court or any agency thereof, or a legally mandated, public or private child protective agency; provided however, that a properly constituted authority must be an agency other than the agency, institution, office or facility involved in the acts or omissions of a public or private agency or other institution or facility...." (emphasis added)

The forty-two States which are now eligible for direct grants under P.L. 93-247 have embodied the above concept into their laws and are now seeking to develop procedures to implement the legally binding investigative policies which have been adopted. Because of the relative newness of these efforts there is no body of accumulated practical experience which has been distilled into a set of best practices that States or child advocacy groups can look to in fashioning and improving their own programs.

At the time this publication was going to press, the National Center was in the process of evaluating grant applications for demonstration projects on the handling of the Investigation and Correction of Child Abuse and Neglect in Residential Institutions. We planned to fund approximately four projects with the following objectives:*

a. To generate additional knowledge about the nature, causes, effects, and promising preventive, treatment and child protective approaches to the abuse and neglect of children in residential institutions;

b. To identify and demonstrate methods of encouraging reports of known and suspected child abuse and neglect in all types of residential institutions;

c. To identify and demonstrate methods of receiving reports of known and suspected child abuse and neglect and their investigation by an independent agency;

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* For information concerning the projects funded please write to NCCAN.

d. To identify and demonstrate methods of taking corrective action in substantiated cases of child abuse and neglect in all types of residential institutions; and,

e. To identify methods that other State, local, and citizen groups may use to prevent the abuse and neglect of children in all types of residential institutions.

It is hoped that these demonstration projects will fill that void by developing and testing methods of operating on-going programs to receive, investigate, and where appropriate take corrective action concerning reports of child abuse and neglect in institutions and other out-of-home placements, including foster family homes.

The hypothesis underlying these projects is that there are certain fundamental approaches to handling reports of known and suspected institutional child maltreatment which can be effectively demonstrated for later widespread replication. The results of these projects will be protocols, procedures and case materials that can be used as blue prints by other States in implementing on-going systems to handle institutional child abuse and neglect.

Among the activities that we expect the projects to perform are:

o Establish and publicize readily available and easily used reporting procedures to receive reports of known and suspected child abuse and neglect in residential institutions.

o Establish procedures for the receipt, recording and monitoring of the handling of reports of known and suspected child abuse and neglect in residential institutions.

o Establish and operate investigative processes which promptly investigate reports and which include such fact-finding procedures as personal investigations, surveys and consultations.

o Develop and implement multiagency protocols for the investigation and correction of substantiated cases of child abuse and neglect in residential institutions.

o Establish and test procedures to take corrective action in substantiated cases of child abuse and neglect in residential institutions, including personnel actions, policy and program changes, and legislative and budgetary recommendations (including class action type responses).

- Develop, but not implement itself, methods that other State, local and citizen groups may use to prevent the abuse and neglect of children in residential institutions. These efforts may include: standards for disciplinary actions and corporal punishment, procedures for outside visitors, creation and utilization of organizations within institutions, and the development of standards of conduct for children in institutions. These procedures may also include the development of agency self-assessment material so that the agency can determine the quality of care it provides to children in residential facilities.

This publication collects into a single source a number of recent documents which, it is hoped, will help focus national attention and stimulate action on the issue of the abuse and neglect of children in residential institutions.

Disappointment awaits the reader who approaches this document in the belief that "the answer" to the problem of child maltreatment in residential institutions is to be found here. The prevention and correction of child maltreatment in residential facilities are complex, multifaceted problems for which solutions are only now beginning to emerge. This publication should be viewed as an exploratory document designed to raise questions as much as to answer them.

Douglas J. Besharov
Director, National Center on
Child Abuse and Neglect;
Children's Bureau

INSTITUTIONAL MALTREATMENT OF CHILDREN

Selected Readings on the Prevention, Investigation and Correction of Child Abuse and Neglect in Residential Institutions

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Section I

Child Abuse and Neglect Reports is the official news letter of the National Center on Child Abuse and Neglect (NCCAN). It is the means by which the Center seeks to keep readers up-to-date about present and future activities of NCCAN; provide summaries of research and other important findings about the prevention, identification, and treatment of child abuse and neglect and provide a medium for the exchange of ideas between child protective service agencies and concerned professionals and laypeople. Additional information concerning this publication or requests to be placed on a mailing list to receive copies should be addressed to the National Center.

The material contained in this section is an excerpt from the February 1977 issue of Child Abuse and Neglect Reports. It provides background information concerning NCCAN's role in dealing with institutional child maltreatment and discusses some of the issues confronting the Office of Special Litigation in the Department of Justice.

February 1977

CHILD ABUSE AND NEGLECT Reports

FROM THE DIRECTOR, NATIONAL CENTER ON CHILD ABUSE AND NEGLECT

The lead article in this issue of REPORTS concerns the Justice Department's Office of Special Litigation. In a number of cases, this Office has revealed the plight of children abused or neglected by the institutions meant to serve them, and has helped to improve conditions for these children. The efforts of the Office of Special Litigation to deal with these cases may have to be curtailed because of recent judicial decisions.

Although the primary focus of the National Center on Child Abuse and Neglect must be on the abuse and neglect of children by their parents or guardians, the abuse and neglect of children living in residential institutions must also be addressed by the National Center. Both the legislative history behind the enactment of the Federal Child Abuse Prevention and Treatment Act and the regulations that implement the Act clearly establish the National Center's responsibility in this area.

Thus, for example, the Federal Regulations implementing the Act define a "person responsible for a child's care" to include "the child's parent, guardian, or other person responsible for the child's health or welfare, whether in the same home as the child, a relative's home, a foster care home, or a residential institution" [45 CFR Section 1340.1-2 (b)(3)].

It is important to note that the regulations restrict the definition of institutional abuse and neglect to residential situations. While the National Center is concerned with the care of children in non-residential settings, our major focus must conform with our legislative and regulatory mandate. Such problems as unreasonable corporal punishment in the schools, however serious they may be, are not within the National Center's mandate, although other divisions of the Office of Child Development or other agencies of the Department of Health, Education, and Welfare may be more directly involved.

The inclusion of cases of institutional abuse and neglect in residential settings in the National Center's mandate, on the other hand, is based on two considerations: First, in a foster home or residential facility, children are more vulnerable, because parents may be out of touch, uncaring, or deceased. Only a child protective service would be concerned about the child's welfare or able to take effective action. Second, when a child has been placed in an agency or home, whether with a parent's consent or not, that agency is as "responsible for the child's welfare" as any natural parent would be.

The Federal regulations specifically require that if there are allegations of institutional abuse or neglect, "an agency other than the agency, institution or facility involved in the acts or omissions must investigate the situation." [45 CFR Section 1340.3-3 (d)(3)]. Thus, when there is a report of institutional abuse or neglect, that report must be dealt with through an independent investigation; no agency should be allowed to investigate itself in such a case. An outside, disinterested agency must carry out the investigation and must have sufficient authority to take meaningful corrective action. (In connection with the eligibility requirements under P.L. 93-247 for State grants by the National Center on Child Abuse and Neglect, we are pleased to report that over 30 States now have a special procedure which ensures that no agency may police itself in the investigation of reports of institutional abuse and neglect.)

This is an appropriate time to mention some of the National Center's future plans in relation to institutional abuse and neglect. First, we have provided the financial support and will participate in the planning of a National Conference on Institutional Abuse and Neglect, to he held June 6-9, 1977, at the Cornell University Family Life Development Center, Ithaca, N.Y. Attendance will be by invitation of the Family Life Development Center. For more information, please contact E. Ronald Bard, Family Life Development Center, Room 172, MVR Hall, Cornell University, Ithaca, N.Y. 14853. Phone: (607) 256-7794.

Second, assuming that our legislative authorizations will continue in FY 1978, our present plans also include the solicitation of applications for grants to (1) study the amount or scope of institutional abuse and neglect in this country, and (2) to demonstrate the most effective ways of investigating and taking corrective action in cases of child maltreatment in institutions.

Douglas J. Besharov

OFFICE OF SPECIAL LITIGATION IN DEPARTMENT OF JUSTICE FIGHTS INSTITUTIONAL ABUSE

"The pervasiveness of brutality against children in institutions throughout the country is striking," says Louis M. Thrasher, Director of the Office of Special Litigation in the Civil Rights Division of the U.S. Department of Justice.

Mr. Thrasher heads a unit that since 1971 has been involved in investigating abuses against children confined in public and private facilities for juvenile delinquents, and for emotionally disturbed or mentally retarded children. Charged with enforcing the constitutional rights of children and physically and mentally handicapped persons of all ages, the Office of Special Litigation has won such landmark cases in Federal courts as *Wyatt* v. *Stickney*, which established that persons committed to State institutions have a constitutional right to rehabilitative treatment; and *Morales* v. *Turman*, which assured care and treatment to juvenile delinquents in State reformatories.

Describing conditions disclosed by the investigations of his office, Mr. Thrasher reports: "In some State institutions for the mentally retarded, we have found it a common practice to tie children to their beds at night because of the lack of staff to supervise them, and these buildings are often firetraps. In juvenile reformatories, we found boys placed in solitary confinement for up to 30 days for such minor matters as sending a love note to a woman teacher."

In one State institution, children were punished by being forced to pull grass with their hands, without bending their knees, for up to five hours at a time. In some institutions, there were eyewitness accounts of children being sexually abused by staff members.

While many cases investigated were less severe than these examples, many practices in institutions across the country have resulted in physical, emotional and social damage to the children involved.

Mr. Thrasher finds a pattern in many instances of institutional abuse. "Overcrowded institutions result in seriously overburdened staffs," he states. "Because the staff just can't cope with the large numbers of children, they adopt practices that are inherently abusive. In some institutions, harsh rules are set up and then enforced with a regimen of terror, so that the children will be afraid to depart from the rules during periods when the staff cannot adequately supervise them. In other facilities, there is an excessive use of sedative drugs to keep young children or juveniles under control."

Recently, the efforts of the Office of Special Litigation to deal with institutional abuse have been seriously affected by a decision of the U.S. District Court in Maryland. The Court dismissed a suit (*United States* v. *Solomon*) which had been brought by the Office of Special Litigation because of conditions in the Rosewood State Hospital for the mentally retarded. The Court held that there was no specific statute authorizing the Attorney General to litigate in the area of institutional abuse. Another case in Montana has been dismissed by the U.S. District Court there on the same grounds.

It has become clear that the Justice Department's efforts to deal with the institutional abuse of children will be curtailed in the future, unless new legislation is passed by Congress providing the Department with the necessary statutory authority which the courts found lacking. Such legislation was introduced in the 94th Congress, but Congress failed to take action. Hopefully, a similar bill will be proposed in the new Congress.

Those interested in the activities of the Office of Special Litigation in the field of institutional abuse can obtain information by writing to Louis M. Thrasher, Director, Office of Special Litigation, Civil Rights Division, Department of Justice, 550 11th Street, N.W., Washington, D.C. 20530.

Section II

The material contained in this section is the main body of the final report of the National Conference on the Institutional Maltreatment of Children held at Cornell Universtiy, June 6-8, 1977. There, under the auspice of the Family Life Devlopment Center of Cornell's College of Human Ecology, a multi-disciplinary/multi-agency group of individuals was convened to examine the nature and scope of the abuse and neglect in residential caregiving institutions, including but not limited to: treatment, correctional, custodial, and educational settings. The following goals had been set for the conference:

- To identify the major issues and problems involved;
- To identify areas where change is needed;
- To increase awareness and arouse concern in both the public and professional communities, and;
- To develop strategies to correct and prevent the institutional maltreatment of children.

This conference was made possible by Grant #90-C-398 from the National Center on Child Abuse and Neglect, Children's Bureau, Administration for Children, Youth, and Families of the U.S. Department of Health, Education and Welfare. The report which follows was prepared by Centre Research Associates of Newton Centre, MA 02159.

OVERVIEW

According to the 1970 census, approximately 238,000 children reside in full time care and treatment institutions across the United States. They include facilities for the mentally retarded; juvenile correction institutions; facilities for multiple handicapped children; institutions for the emotionally disturbed; group homes; and others.

These institutions vary greatly in size, cost, quality, reason for placement, and many other factors; they are bonded together by their responsibilities, and by their aspiration to provide for the fullest possible living experience for the children assigned to their care.

Clearly, many of our care-giving institutions for children are doing an excellent job. According to Professor Martin Wolins of the University of California, "they are instruments of growth and change rather than containers of human groups.

They are socializing environments rather than hospital-type settings."*

But there are others as well: places which constrain rather than liberate the children in their care, which teach them to mark time rather than helping them to use it productively and wisely. Institutions that mistreat. Institutions that neglect. Institutions that abuse.**

In June 1977, 80 professionals from diverse backgrounds gathered at Cornell University for the first National Conference on Institutional Maltreatment of Children. Sponsored and organized by The Family Life Development Center of the College of Human Ecology at Cornell in cooperation with The National Center on Child Abuse and Neglect (H.E.W.) in Washington, the Conference sought to examine the nature and scope of maltreatment of children in residential institutions in order to begin to:

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*From Professor Wolins' address to the Institutional Abuse Conference.

**Accurate data on abuse in these settings is almost nonexistent. More fundamentally, little is known about the number of children residing in the different categories of institutions; number and training of staff; costs; average size; available programs; or much else. There is an immediate need for better information on residential institutions for children, if problems of abuse are to be intelligently addressed.

- IDENTIFY ISSUES AND PROBLEMS;
- IDENTIFY AREAS WHERE CHANGE IS NEEDED;
- INCREASE AWARENESS AND AROUSE CONCERN IN BOTH THE PUBLIC AND PROFESSIONAL COMMUNITIES; AND
- DEVELOP STRATEGIES AIMED AT PREVENTING INSTITUTIONAL MALTREATMENT.

Several presumptions about problems, conference organization and appropriate responses guided the deliberations. First, the organizers agreed that, for the foreseeable future, residential institutions would continue to care for children; that plans and strategies needed to be based in the real world of severely limited personnel and resources; and that the problems are multi-faceted, requiring an equally complex set of responses: no single "cure" was likely to be effective.

These observations on the nature of institutional maltreatment guided the organization of the conference. Plenary sessions were kept to a minimum; most of the meeting time was spent in eight working seminars, organized around different aspects of the problem. Each seminar was charged with identifying concerns, and outlining strategies aimed at reducing institutional abuse. Their deliberations constitute the bulk of this report.

Finally, it was agreed that the real value of the conference lay beyond Ithaca. From the beginning, the conference planners focused on how to present the problem, and strategies for change, to the larger concerned public. In that sense, this report is meant to represent the conference itself, and to help move to the next stage of the search for solutions, solutions for institutions, children, and ourselves.

CONFERENCE ORGANIZATION

Conference themes and working seminars were developed jointly by representatives of the Family Life Development Center and the National Center for Child Abuse and Neglect. Initially, a Chairperson with a national reputation in the field was chosen for each seminar; the Chairperson then helped to select the seminar group. Approximately 6-12 participants were assigned to each seminar group. The groups worked independently, developing their own agenda, objectives, format and recommendations. All participants were also provided an opportunity to meet with other seminar groups of their choice, in "open" working sessions, to add their views to the ideas developed by others.

The Conference opened with a brief plenary session, highlighted by presentations from six conference participants of note. These included T.M. Jim Parham, Associate Assistant to the President for Intergovernmental Relations; Douglas Besharov, Director of the National Center on Child Abuse and Neglect; Frederick Krause, Director of the President's Committee on

Mental Retardation; Martin Wolins of the University of California at Berkeley; Leontine Young, social worker and author; William Rittenburgh, attorney active in the protection of the rights of institutionalized children; and Robert Brown of the Fortune Society. A slide presentation developed by Dr. Burton Blatt of Syracuse University highlighted current institutional practices--and the lack of progress in recent years.

Diversity of views and experience was encouraged; all participants were actively involved in issues of institutional care. All came to contribute rather than merely listen. The level of concern was reflected in participation: few invitations were rejected, although participants were responsible for their own travel and knew they would be expected to work hard. Seminars and Chairpeople follow:

LEGAL ISSUES

CHAIRPERSON: Louis M. Thrasher, Esq.
Director
Office of Special Litigation
Department of Justice
Washington, D.C.

SOCIAL COSTS OF INSTITUTIONAL ABUSE

CHAIRPERSON: Frank Schneiger, Ph.D.
Director
Protective Services Resource Institute
New Jersey

MENTAL RETARDATION IN THE INSTITUTION

CHAIRPERSON: A. D. Buckmueller
Program Specialist
President's Committee on Mental Retardation
Washington, D.C.

CORRECTIONS

CHAIRPERSON: David Gilman, Esq.
Director
IJA-ABA Juvenile Justice Standards Project
New York City

TREATMENT MODALITIES AND ACCOUNTABILITY

CHAIRPERSON: Barry Glick, Ph.D.
Assistant Executive Director
Elmcrest Children's Home
New York

LIMITATIONS ON ADVOCACY

CHAIRPERSON: Larry King
Senior Advocate
Western Carolina Center
North Carolina

DEINSTITUTIONALIZATION

CHAIRPERSON: George Thomas, Ph.D.
Director
Institute for Social Welfare Research
Georgia

STRATEGIES FOR COMMUNITY SUPPORT

CHAIRPERSON: Barbara Blum
Assistant Commissioner
Metropolitan Placement Bureau
New York City

The deliberations and recommendations of the working seminars follow. Cornell University and the National Center on Child Abuse and Neglect do not necessarily share all of the views which were expressed. And there are, inevitably, disagreements and contradictions within and among the seminar groups. A healthy byproduct of the freshness of the issue and the diversity of participants, these differences highlight the complexity of the problems involved. There can be no mistaking, however, the common goals of all: TO PROTECT CHILDREN CURRENTLY BEING ABUSED IN INSTITUTIONS; TO PREVENT ABUSE IN THE FUTURE; TO HELP TO CREATE BETTER PLACES FOR KIDS TO LIVE, LEARN, AND GROW.

DEFINING THE TERMS

The conference planners consciously limited the domain of the conference to full-time, 24-hour residential institutions. An institution was defined, by one group, as a place outside the child's natural home setting where persons other than the family exercise control. Residential facilities included settings where ten persons with similar problems congregated in a specific space.

Excluded from consideration by the conference were part-time locations, such as public or private non-residential schools; foster homes (with some exceptions); and similar facilities. This is not to argue that abuse is limited to full-time residential settings: as a recent report by the National

Institute of Education points out,* excess use of corporal punishment appears to occur often in our public schools. The limitation of subject matter to full-time institutions was intended to provide a manageable scope to the deliberations, which already included a wide spectrum. Parallel deliberations on abuse in other settings are also in order.

Five categories of institutional maltreatment were considered within the purview of the conference. These included:

- PHYSICAL ABUSE AND NEGLECT
- SEXUAL ABUSE
- EMOTIONAL AND INTELLECTUAL DAMAGE
- ENVIRONMENTAL NEGLECT AND ABUSE
- SOCIAL DAMAGE AND LABELING

Terms and precise definitions varied somewhat among the working seminars. In brief:

PHYSICAL ABUSE AND NEGLECT

Physical abuse or neglect occurs when the child is physically damaged as a result of his/her residence in the institution. It includes physical mistreatment; lack of care which results in illness or other physical difficulty; medical or chemical abuse through misuse or overuse of medication; damage through lack of adequate protection against injury or risk; excessive punishment; and inadequate food, clothing or shelter.

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*National Institute of Education, PROCEEDINGS: CONFERENCE ON CORPORAL PUNISHMENT IN THE SCHOOLS: A NATIONAL DEBATE (February 18-20, 1977), 1977.

SEXUAL ABUSE

Sexual abuse takes place when the institution, and/or its staff, permit or participate in involuntary sexual activity with or among residents, or any sexual activity by individuals unable through age or capacity to make a reasonable choice. This encompasses rape or attempted rape; fondling; voyeurism; exhibitionism; and the like. It may be linked to neglect through inadequate supervision of residents, or the failure to provide sufficient clothing or privacy.

ENVIRONMENTAL NEGLECT AND ABUSE

Fred Krause, Executive Director of the President's Committee on Mental Retardation, stated at the conference that "just being placed in an institution is abuse for a child." Environmental neglect and abuse takes place when the institution fails to provide adequate protection for residents against dangers in the physical environment, such as unprotected radiators or windows.

EMOTIONAL AND INTELLECTUAL DAMAGE

Care giving institutions are responsible for providing an opportunity for each child to achieve his/her potential for emotional and intellectual growth. Failure to provide these opportunities constitutes a pervasive form of abuse, difficult to define but possible to identify and observe.

SOCIAL DAMAGE AND LABELING

Perhaps most difficult of all forms of institutional abuse to control, social damage from labeling can ensue from the fact of institutionalization itself. Although diagnosis is often necessary, by being identified as mentally retarded or emotionally disturbed, for example, a child is placed in a category which the larger society finds repugnant, limiting his/her future potential for fulfillment.

Aspects of these definitions, and the categories themselves, are open to dispute. They could--and probably will--be debated for years. While definition is important, however, we need to recognize that the areas of agreement at the conference, as revealed in the proceedings, substantially outweigh the zones of dispute. But let the participants speak, and debate, for themselves.

LEGAL ISSUES SEMINAR

In defining an institution the key issues are who is in control and size. All participants agreed that the term institution would not apply to children living in their own home with their natural parents. The group also readily agreed that the term institution would apply to all large multi-bed facilities. In fact, if any facility has more than ten children, the group felt it was an institution whatever its source of support. Some group homes could qualify as institutions if they were large and controlled by the government.

DEFINITION

The group could reach no consensus on whether or not fostercare should be included in the definition of an institution. Some members contended that since foster parents receive state institutional disbursement funds, foster care is still part of the state system of institutional care.

The rest of the seminar members, however, would exclude foster care from the definition of an institution. As one remarked, "Foster care should not be included because the goal is to deinstitutionalize and foster care is one of the most viable alternatives to institutional placement." There was also disagreement on whether or not schools, day care centers, or even churches ought to be included as institutions.

DEFINITION

After reviewing the various categories of institutional maltreatment, the Legal Issues Seminar focused attention on the multiple physical hazards in institutional settings.

The group identified several different types of physical damage that occur within an institution including neglect; physical abuse and sexual assault; and medical neglect and abuse, including chemical abuse.

ISSUES: PHYSICAL NEGLECT

Neglect can be even more damaging than physical abuse because the effects are even more likely to be permanent. Lack of exercise, overly starchy diet, ineffective feeding, enforced idleness and lack of programmed activities all comprise neglect.

ISSUES: PHYSICAL NEGLECT

Failure to be aware of the individual needs of a child also constitutes neglect; for example, a child can go blind because no one notices he has an eye problem. Institutional staff are often poorly educated, poorly trained, and underpaid, and thus may resort to measures that make it easier for them to manage the children. regardless of their effect on the children.

ISSUES: PHYSICAL ABUSE

Direct physical abuse was divided into four basic categories: 1) client/client; 2) staff/client; 3) outsiders/client; and 4) self-inflicted abuse. In the first type, staff's failure to adequately monitor client/client interaction enables clients to discharge their aggressions indiscriminantly, resulting in physical or sexual abuse. The low pay and status for institutional staff positions are a primary cause of staff/client abuse, and contribute to the difficulty of recruiting quality staff. Outsider/client abuse is likely to occur when security measures are inadequate, again a reflection of inadequate budgets or management.

ISSUES: MEDICAL ABUSE

The group expressed deep concern about the insidious danger of drug control. One member said, "If I had to choose for myself between chains and

ISSUES: MEDICAL ABUSE

thorazine, I would choose chains." Drugs are especially dangerous because physicians may be slow to recognize the symptoms of the administration of excessive psychotropic medication.

The severe shortage of physicians, physical therapists, and occupational therapists combined with the presence of large numbers of foreign doctors and nurses who do not speak the same language or share the culture of the residents was identified as a devastating problem in the delivery of adequate medical services to institutional residents.

ISSUES: ENVIRONMENTAL ABUSE

The institutional environment itself is also a cause of many injuries and physical abuse. For example, the temperature of institutions is often kept high and thus the radiators cause many unnecessary burns. Patients who are heavily drugged fall asleep and roll under the radiators and are frequently burned. Drownings and fractures can often be attributed to the overall design of the institutional facilities.

ISSUES: LEGAL RIGHTS

Currently children are committed to institutions for care, treatment, punishment, and/or the protection of society. *The courts have declared*

ISSUES:
LEGAL
RIGHTS

that if a person's freedom is taken away, the opportunity to improve must be guaranteed, and an alternative least restrictive of the individual's freedom must be provided. Prisoners and the criminally insane have been exempted from the court's ruling. In summation of the court's rulings, one member said, "You cannot warehouse; you must provide treatment if freedom is taken away." *The group was in general agreement that all placement in institutions for the purpose of providing treatment should be voluntary.*

One member further suggested the law should not distinguish between voluntary and involuntary commitment; rather the law should support individual needs and serve the individual with no stigma attached.

The group also advocated tightening admission criteria to institutions to avoid their being used as a dumping ground. It is usually much easier to place someone in an institution than to have them released, even though the original reasons for placement may have long since disappeared.

Several group members were concerned that children are sometimes removed from their natural

ISSUES:
LEGAL
RIGHTS

parents without the parents fully understanding what is happening, such as poor parents who might place their children in foster care during some period of crisis and then find that they cannot get them back. As one member commented, "They are not told why their children are not being returned to them; they are not shown how they can improve. Therefore, their children remain indefinitely in foster care."

ISSUES:
FINANCING
INSTITUTIONS

In moving away from total reliance on the institution, new funding mechanisms must be developed. The current practice of allocating funds on the basis of the number of beds filled works against decreasing the institutional population and must be changed.

ISSUES:
PARALLEL
FUNDING

The cost of deinstitutionalization must be looked at over a period of years. Even now the cost of institutionalizing a child varies dramatically from state to state and facility to facility. For example, Willowbrook (a state facility for the mentally retarded in New York) costs $35,000 per child each year. In the short run costs will go up because one must maintain institutions with fixed expenses even as the patient census declines.

ISSUES:
PARALLEL
FUNDING

However, if community programs are successful in training residents for independent living, the state will no longer have to care for everyone for their entire lives.

What are the alternatives to institutionalization? Community services and financial assistance to natural parents would fulfill the fundamental right of the natural parent to retain custody of his/her child. If parents are not able to keep a child at home, other alternatives include foster care, adoption, and group homes, especially for teenagers. Foster care was particularly identified as an underutilized resource for children who cannot remain in their own homes. "You should be able to pay the natural parent of a handicapped individual fees for providing extraordinary services as well as paying foster or adoptive parents," commented one participant.

In discussing alternatives to institutionalization, the group looked briefly at the legal barriers to adoption. The lack of adoption subsidy was seen as one barrier, especially for foster parents who would receive more money if they did

ISSUES: PARALLEL FUNDING

not adopt their foster child. *Since most states do not allow money to support a child after adoption, a national reimbursement to states for adoptive parents was suggested.*

STRATEGIES: LITIGATION

The group identified litigation, legislation, policy formation, lobbying, publicity, and public education as methods for changing institutions. There was no consensus on how much emphasis should be placed on litigation as the major tool for change.

According to one participant, there is a conflict of interest for the state attorney general who must defend the state institution and at the same time protect the constitutional rights of the institutionalized. This conflict leaves little incentive for the state attorney general to litigate.

Another noted that a bill (H.R. 2439 and S. 1393) now pending in Congress would give independent standing to the Justice Department to sue on behalf of the institutionalized. Until such a bill is passed, the Justice Department is limited to the roles of intervenor and amicus.

STRATEGIES: LITIGATION

After listening to the lawyers in the group discuss methods of guaranteeing legal representation to the institutionalized, one psychologist commented, "The saddest commentary on the future of our society is the need for more litigation."

STRATEGIES: LEGISLATION

One participant noted that, "We must focus at least one-third of our work on legislation." He went on to suggest four ways of moving toward reform:

- Analyze trends in juvenile law
- Develop a model juvenile act
- Keep up contact with people interested in legislation
- Provide legal services with legislative and litigative arm

In conclusion one member stated, "The thing that never ceases to impress me is that most people do not believe what I tell them. I am personally convinced that if our public really knew and understood what was going on inside the institutions that I have been in, they would not put up with it."

RECOMMENDATIONS

A. Close institutions:

1. For children being deinstitutionalized:

RECOMMENDATIONS

- a. Individualized needs must be assessed and treatment provided by returning child to home or if none, to foster care.
- b. Exit plans and follow-up plans must be made individually and services provided.

2. For children at present confined for treatment:

   - a. They have constitutional right to receive appropriate care and treatment designed to meet their needs least restrictive of personal liberty.
     1. No drugs should be administered for punishment or restraint purposes.
     2. No isolation or seclusion should be permitted.
     3. No corporal punishment should be inflicted.
     4. Use of restraints should be limited as a last resort to physically assaultive or suicidal behavior.
     5. Incidents of abuse within institutions shall be reported to police and to parents, and appropriate prosecution instituted.

B. Place primary emphasis on family support systems:

1. For children in natural home:

   - a. Develop family support systems in community.
     1. New funding systems must not encourage removal of child from home.
     2. Create a moratorium on capital expenditures.
   - b. Only after appropriate services have been provided and failed and a child is threatened with irreparable harm or if a child's life is threatened shall the child be removed from the home.

RECOMMENDATIONS

c. A home-like environment (e.g., foster care) must be the first alternative if the child must be removed.

d. All personnel dealing with child care services including judges should be educated regarding legal rights of children and should be required to visit placement sites outside of natural home setting.

e. No one should recommend placement unless visit made to site before placement.

C. Legislation should be proposed:

1. State legislation should adopt provisions guaranteeing rights of children.
2. Congress should adopt legislation giving Department of Justice standing to litigate. (H.R. 2439 and S. 1393)
3. Regional litigation units should be established to enforce provisions of the Juvenile Justice & Delinquency Provisions Act of 1974.
4. Advocacy groups should be established and expanded to monitor institutional abuse.
5. Individualized advocates should be appointed to see the child completely through treatment.
6. Status offenders (children whose conduct would not be criminal if committed by adult, e.g., truant, runaway) should not be under jurisdiction of juvenile court.
7. System should be developed to encourage the independence of public defenders in order to facilitate legislation in this area.
8. All federal grants should include provisions for independent audit of quality of care and rights of children.

RECOMMENDATIONS

D. Educating the public:

1. A program should be developed to educate the public as to conditions within institutions.

2. All children in public and private schools and institutions should be educated regarding their own legal rights.

PARTICIPANTS: LEGAL ISSUES

Chairperson

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Participants

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SOCIAL COSTS SEMINAR

DEFINITION

The group adopted for its discussion the conference planning committee's definition of an institution as "a residential care-giving institution, including treatment, corrections and custodial facilities."

One participant asserted, "Schools are an integral part of this issue." Expanding the definition to include public schools provoked considerable discussion.

ISSUE

Most of the group supported the inclusion of public schools in the definition of institutions. One participant argued that children in public school usually have a parent advocate, but others pointed out that minority and/or low-income students often do not have effective advocates in school. Indian children, in particular, attend schools that qualify as institutions by the original definition. For Indians, and Hispanics, public schools can be virtual feeders to juvenile training schools.

ISSUE

Another suggested that "*We should define institutional abuse around certain parameters and then use the schools as examples because there are lots of researchers in schools. We should then use what we know about the schools to propose what the consequences may be in other physical settings which are less open.*" Another added, "Patterns of relationships are more important than numbers in defining what an institution is."

INSTITUTIONAL MALTREATMENT

The group identified the following forms of institutional maltreatment:

Denial of potential for human development through

- Failure to meet or recognize the individual needs of children
- Deprivation by not being permitted to be a child
- Deprivation of education, recreation, food, medicine, privacy, space, self development, decision-making opportunities, trust relationships, affection, care, role models, free and regular contacts with family and friends.

Overt actions or omissions, such as

- Isolation
- Assault
- Improper medication
- Sexual abuse
- Peer abuse
- Cultural insensitivity
- Punishment disguised as treatment

INSTITUTIONAL MALTREATMENT

Intraorganizational systemic issues, for example

- Inappropriate staffing
- Lack of individualized-time limited planning
- Lack of due process and protection of rights of residents
- Inadequate programs
- Ineffective monitoring of both private and public institutions
- Lack of standards of accountability

RESULTS OF MALTREATMENT CATEGORIES OF SOCIAL COSTS

The trauma of the institutionalized child and his family, family break-up, and ongoing delinquency --all are part of the social costs of institutions.

The loss of family and reference group ties destroys a child's sense of identity and the fear of becoming attached to anyone leads to a variety of negative outcomes, including difficulty in making friends and holding a job. Institutionalized children are likely to lose their natural inquisitiveness. They frequently become alienated from supportive social institutions and view all authority as either totally legitimate or totally illegitimate.

By separating "deviant" people in isolated institutions we also prevent local communities from learning to deal with differences and problems having their genesis within the community.

RESULTS OF MALTREATMENT: CATEGORIES OF SOCIAL COSTS

Institutions often perpetuate a model for living which is "dominate or dominated" pointed out one participant. This problem often is exacerbated by the racial composition of the staff and residents. While institutions usually have middle-class white staff, blacks, Hispanics, and other minority groups are over-represented among the clients. In addition, the staff goes home during off hours; the residents obviously do not.

Minority children in institutions may face the destruction of family and cultural values. For example, Indian children attending boarding school don't lose their family ties but find that their culture is undermined. "The social structure of the institution does not integrate with the family." As one participant commented, "Institutions encourage you to give up your family rather than make you feel good about them."

Any environment other than the family context is a less than adequate alternative for a child. Thus, the group outlined an overall framework for reducing and/or eliminating institutional abuse. This includes:

- *Research and test alternatives to institutionalization*

SOCIAL COSTS

- *Reduce the number of children who must be institutionalized*
- *For those who need institutionalized care, create settings which*

  maintain family and cultural ties and values

  foster autonomy rather than dependency

  focus on the well-being of children and their families

  develop incentives for staff to take risks on behalf of children
- *Plan carefully the closing of any institution*
- *Carefully develop alternative programs to avoid "dumping" institutionalized residents into the community under the reformist guise of "deinstitutionalization."*

The seminar did not seek to develop a comprehensive definition of social costs, feeling that further research would lead to more measurable operational goals. One participant emphasized the lack of hard data in the field as well as the need for disseminating the information that already exists.

RECOMMENDATIONS

The strategies for reducing the social costs of institutions must be based on these goals. The following needs were also identified.

Develop better information on both social and real (dollar) costs, as well as the means for translating costs into dollar amounts which are more politically salabe.

RECOMMENDATIONS

In looking at the costs of institutions, one looks not only at the institutional budget. Institutions create dependency so that institutional residents rarely become self-supporting autonomous citizens. NCCAN could conduct an extensive study of the real costs of institutionalization, extrapolating from the social costs to look at costs over the lifespan of the institutionalized person.

Research and demonstration

Research and demonstration projects require more support; and every demonstration project needs an objective evaluation component built into it, toward identifying social and real costs.

Marketing

The need to establish a design to sell social services was discussed. "No one markets anything in this field. Just because you have a worthwhile program, it doesn't mean some funding source will pick it up." Comprehensive Emergency Services have been effectively marketed. The group agreed that marketing should not oversell what social services can actually be expected to do.

RECOMMENDATIONS

The group stressed the need to develop a comprehensive approach to the description and quantification of social costs, addressing the three major categories of social service--medical, social, and criminal justice--each of which measures social costs in different ways. This taxonomy of social costs would include an agreement on certain definitions, concepts, and operations. Institutions could be asked to draw up an annual investment plan to reduce social costs.

The group drew up a preliminary outline for developing such a taxonomy. The first steps would include:

- Review of the literature
- Compile data
- Identify areas for research and development
- Refine social costs
- Translate social costs into $ costs--both short and long-range

The second step is the development of strategies to reduce social costs; these strategies which would be based upon investment modes, would include:

- Deinstitutionalization
- Structural models (physical, functional, organizations, size)

- Preventative models
- Family integration/community
- Economic intervention

The third step would be dissemination and "marketing" of successful strategies through public education and lobbying.

PARTICIPANTS: SOCIAL COSTS

Chairperson

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Reporter

Aaron Cohen	Protective Services Resource Institutes Piscataway, New Jersey

MENTAL RETARDATION SEMINAR

GOALS

The working seminar on mental retardation unanimously endorsed abolishing all large institutions for mentally retarded persons. They accepted, instead, the principle of normalization which endorses the right of mentally retarded persons to live in as normal an environment as possible: Whenever feasible, a retarded child would remain with his/her own family. When a family is unable to keep a child at home, each community needs alternative living arrangements for both retarded children and retarded adults. Mutli-handicapped retarded children could live in small homelike facilities which are developed to meet their special needs.

NEEDS OF PARENTS

Parents who are trying to raise their retarded child at home need guidance from both professionals and experienced parents of retarded children on how to deal with the problems that arise in

NEEDS OF PARENTS

raising a retarded child. If parents had more practical help on how to cope, they would be far less likely to institutionalize their retarded child. Puberty is a time of special stress, and parents need support to cope effectively with their retarded child's sexual development.

In addition to guidance, there are specific services that can assist parents in enabling them to keep their retarded children. *Free diaper service, homemakers, visiting nurses, and respite care to enable parents to take an evening off or a vacation are all vital components of a comprehensive community-based service to the retarded. Special infant-development programs, pre-school special classes, vocational training programs are all also necessary.*

EDUCATE THE PUBLIC

A major cause of institutional maltreatment is the devaluing, dehumanizing, and denegating attitudes of a large number of institution staff persons and of society toward both the mentally retarded and their families. This negative attitude promotes psychological abuse of the mentally retarded person. Society denies retarded persons opportunities to

EDUCATE THE PUBLIC

feel close, intimate and caring for other persons. One form of psychological abuse is the denying retarded persons the right to marry or to express their sexuality.

A comprehensive public education campaign about retardation could include the development of TV programs and commercials that include handicapped persons so that their presence in American society is acknowledged by the mass media.

In addition, the great cost and waste of the current institutional system must be exposed, and public school curricula should include information to sensitize all children to handicapped persons.

STAFF SELECTION AND TRAINING

Good staffing begins with the hiring process. How do you identify staff with respect for human life, sensitivity, and unselfishness? Society's focus on the importance of academic degrees sometimes keeps people with the right inner qualities from working with retarded persons. Low salaries and unpleasant working conditions reflect society's devaluation of the retarded and make it very difficult to recruit competent staff. Many professionals are reluctant to work with the retarded whom they perceive as "responding too slowly to treatment."

STAFF SELECTION AND TRAINING

Chronic understaffing which requires staff to work double shifts can cause staff fatigue and frustration. The low salaries, high resident-staff ratios, and lack of supervision and in-service training lead to low staff morale and increase the likelihood of child abuse. Because of staff neglect, children may not be dressed and often have nothing to do but lie on cold bare floors. Mentally retarded persons in institutions are especially vulnerable to physical abuse and neglect because the staff's attitude may be "after all, they don't know the difference anyway." *A crucial step in improving institutions is to upgrade staff through in-service training and the development of a career ladder that offers real incentives to staff in institutions and community group homes.*

RECOMMENDATIONS

1. A moratorium on the construction of any new institutions for the retarded.

2. Beginning phase out of patients from existing institutions.

3. The right of mentally retarded persons to live in their own home must be upheld. When this is not possible, there should be a variety of other community living arrangements from which he/she can choose.

RECOMMENDATIONS

4. No mentally retarded person should have to "earn" his/her way out of an institution.

5. A national central resource center should be established as a source of information on all alternative programs for mentally retarded persons.

6. To combat current attitudes toward the mentally retarded:

- A major national campaign is needed to educate both citizens and governmental officials about the high financial and human costs of institutionalizing the retarded.
- National efforts are required to collect and disseminate information to state authorities and citizen organizations about program models that have been effective in changing attitudes toward handicapped children (e.g., Louisville, Kentucky Mental Health-Mental Retardation Center).
- National organizations such as the National Association for Retarded Citizens and the President's Committee on Mental Retardation should collect and disseminate information on effective personnel selection and screening techniques.

7. To prevent institutionalization of any retarded child, it is necessary to develop a plan for and with the retarded individual and his family. To provide alternatives to institutions, we recommend:

RECOMMENDATIONS

- Availability of subsidies to families to help them pay the extra costs of caring for a handicapped child.
- Creation of infant development programs, integrated pre-schools, and family resource services such as respite care, homemaker, visiting nurse programs, diaper service, parent education, vocational training, and the like.

8. Future conferences on the needs of the retarded should include adequate representation of handicapped consumers.

PARTICIPANTS: MENTAL RETARDATION

Chairperson

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Participants

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Recorder

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CORRECTIONS SEMINAR

GOALS *What should be the purpose of a juvenile correctional institution?*

Punishment, or treatment? Members of the working seminar on corrections agreed, generally, that the goal of corrections should be punishment. As one participant stated, "Punishment is a good thing; I believe in it. There is a problem when only a few are punished. All should be. There is also a problem because we confuse treatment with punishment. Treatment can actually end up being punishment."

Several members of other seminar groups, joining the corrections panel for an open session, challenged this view. One argued: "Punishment reinforces the bad experience kids have already had. I don't believe in punishment; it doesn't do any good. Many ex-offenders say that 'if you don't provide treatment, I'll come out exactly the same as I went in.'"

GOALS

The group focused its discussion on the institutionalization of adolescents (aged 10 through 18) after disposition.

"The best way to reduce institutional maltreatment is to reduce the institutional population," said one member of the group. The members of the Corrections Seminar agreed that currently too many kids are in juvenile correctional institutions.

Admissions Criteria for Juvenile Correctional Institutions

As a first step, the group advocated eliminating from correctional facilities status offenders who "would not be punishable by incarceration if committed by an adult," such as truants, "stubborn" children, runaways, etc. It was estimated that removing all children who haven't committed crimes from juvenile correction institutions would reduce the institutional population by 35% and the detention population by 50%.

Furthermore, the group agreed that *only those children who commit violent crimes should be considered for institutionalization,* endorsing the recommendations of the Project on Juvenile Justice

GOALS

Standards sponsored by the Institute of Judicial Administration and the American Bar Association. They recommend that incarceration be determined on the basis of the age of the child, the seriousness of the crime, and mitigating or aggravating circumstances, including a prior record.

As one participant pointed out, "all of us are status offenders at one time or another--the only difference is we don't get caught. Secondly, status offenders actually stay longer and get more damaged than criminals. Finally, kids in institutions are often those a judge thinks may have committed a crime even though clear proof is lacking. Through plea bargaining, the accused is charged with a status offense because the standard of proof is much looser. This is unfair. If a child is guilty of a robbery on the street, it should be proven. If not, he should be innocent until proven guilty."

SECURE
vs.
NON-SECURE
FACILITIES

The group agreed that children should be sent to secure facilities only if they can't make it in non-secure facilities. Others should be kept out of secure facilities regardless of their offense. According to one group member, "some kids are at a point in their lives where they really need to be

SECURE vs. NON-SECURE FACILITIES

locked up in a secure facility because it provides a certain structure and freedom from taking responsibility for themselves."

Participants felt, however, that since most kids did not want to go to secure facilities, they were chiefly concerned about those who are forced to go there against their will. One member noted that we normally decide where to place a child based on how serious a threat a child poses by the nature of his offense. Wouldn't it be better to base the decision to institutionalize on the child's need?

After considerable discussion, *the group felt that a child could only be sent to a secure institution as a punishment for waht he had done.* He could only be considered for this if he had committed a serious crime and/or developed a long prior record and lesser sanctions had failed. The majority estimated that this practice would reduce the numbers of kids in secure New York State correctional institutions to about 150 to 200.

The group also recommended that all detained children who were awaiting adjudications should be returned home unless they were suspected of class A or B felonies (e.g., arson, rape, murder, or robbery)

SECURE
vs.
NON-SECURE
FACILITIES

or were unwanted at home. Children who were not wanted at home should be placed in non-secure facilities.

Pros and Cons of Indeterminate Sentencing

INDETER-
MINATE
SENTENDING

The group unanimously agreed that indeterminate sentences should be abolished because they are unfair and often prolong punishment.

Under indeterminate sentences, those children who respond fairly well to treatment are often held longer than the really tough ones who don't respond at all.

Another problem with indeterminate sentencing was cited. Drawing from his experience at a private school, one participant said that as children approached the end of their term, their anxiety level would rise until they would make mistakes and act out. As a result of their misbehavior, the school would recommend to the court that the child remain another year, and the court often accepted this recommendation.

Participants also criticized indeterminate sentencing because it allows judges to delegate the decision on how long a child remains in an institution.

INDETERMINATE SENTENCING

"I believe it is important that judges take the responsibility for deciding this upon themselves. This becomes easier if the main purpose of institutionalization is punishment rather than treatment. The decision on how much punishment is needed can be made in the courtroom based on the facts of the case; how the child will respond to treatment then ceases to be an issue."

The group accepted the recommendation that a penalty schedule be drawn up with penalties scaled down from the adult model. The judge would have limited leeway in sentencing according to the offense and would generally be expected to impose the least drastic alternative in the schedule unless the child had already been committed for a prior offense. Sentencing to a secure facility should be a last resort.

What would happen to children who were not sentenced to institutions? It was explained that they could be fined, ordered to make restitution, required to perform a public service, put on probation, etc. The child who did not want to remain at home could be helped by social service systems rather than by the corrections system.

MONITORING CORRECTIONAL INSTITUTIONS

The group agreed that there was a need to monitor institutions and that an ombudsman could play a key role. The major issue addressed by the group was how to keep an ombudsman objective and effective. It was recommended that the ombudsman should work for an independent agency in the executive branch and not for the Division of Youth or Corrections, and be located close to the kids and far from the administration.

INSTITUTIONAL REQUIREMENTS

Must one participate in treatment? What should be required of them within the institution? *The group agreed that kids could not be required to do things in institutions that are not required outside.* They could be required to go to school, keep clean, and receive medical care, but they could not be required to attend treatment programs.

The group agreed on the need to establish clear cut guidelines for acceptable restraint. They concluded:

1. Tranquilizers and other drugs may not be used for security or control but only as part of an on-going treatment plan for a specific child. This treatment should be established by a physician irrespective of any incident involving discipline.

INSTITUTIONAL REQUIREMENTS

2. Corporal punishment of any kind is prohibited.

3. Isolation cells must be eliminated. Isolation should not be used except to calm someone down for a few hours. Then the child must be supervised by someone else in the room.

4. A crisis intervention team should be available to help a child through any difficult period.

RECOMMENDATIONS

1. There should be a moratorium on the construction of all juvenile correctional facilities until a comprehensive plan for alternative community treatment programs has been developed.

2. Institutions should be more accessible to the public.

3. Residents' privacy should be respected.

4. Institutions should be kept small.

Most of the group recommended a maximum of 20 residents per institution. One visitor strongly endorsed a maximum of six children:

> "Any institution with more than six beds is dehumanizing, like a jail. If there are more than six beds, kids can't yell, roughhouse, tumble, or wrestle because it becomes too disruptive. We are not

RECOMMEN-
DATIONS

obligated to allow violent children to be violent, but we are obligated to allow a child to be a child."

5. All institutions should be co-educational.

6. Staff ratio of one for every three children.

7. Staff composition should reflect the backgrounds of the children.

8. Staff training and development of a career ladder should be mandatory.

9. Facilities should be located throughout every state so that children can be near their own communities.

10. All children should receive a thorough orientation when admitted to a correctional institution.

11. Respect for the child's identity must be promoted.

PARTICIPANTS: CORRECTIONS

Chairperson

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Participants

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TREATMENT MODALITIES AND ACCOUNTABILITY SEMINAR

DEFINITION OF TREATMENT

Understanding how treatment works, and ought to work in institutional settings depends on a common definition of the term. The *Treatment Modalities working seminar felt that:*

> "Treatment is an organized, uniform, standardized and deliberate scientific intervention using specific diagnostic and evaluative methods with the goal of effecting positive change in a child's behavior."

The group also agreed that the total environment of an institution should be the core treatment for the individual; several participants added that treatment should include "fulfilling potential and living successfully." The group members concluded that good treatment should resemble good parenting.

QUESTIONS AND CONCERNS

What client population should institutions serve?

How should an institution select appropriate populations?

Traditionally, noted one participant, institutions have accepted youths "who cannot be treated, controlled, taught, or tolerated in their community,

QUESTIONS
AND
CONCERNS

homes, schools." The group agreed that institutions become warehouses for youths who cannot function in their home environment. It was added that this negative approach to selection of institutional populations has led to major problems in institutions, especially to child abuse. And state laws and regulations compound the admissions issue by forcing institutions to accept youths who do not fit into specific institutional programs.

What are the limitations on institutional effectiveness?

The group reached consensus on several issues which limit institutional effectiveness in treatment.

1. *Size:* No institutions for children should exceed 50 beds, divided into manageable units of six to eight youths.

2. *Referral sources:* Institutions are plagued by inappropriate referrals; it was stated that nine out of ten referrals to institutions in one state were inappropriate.

3. *Staff-client ratio*

4. *Limited program resources*

QUESTIONS AND CONCERNS

5. *Government policy and regulation:* Poor planning, failure to reimburse promptly, and cumbersome government regulations can hinder an institution's treatment program.

6. *Community support: Institutions need comnunity support to try experimental treatment programs;* communities often fear new community-based programs.

7. *Institutional framework:* The tendency of institutions to build systems to perpetuate themselves instead of provide treatment to the child is often reinforced by government policy, regulation, and law.

How can an institution exist as a viable community treatment resource?

Institutions need to offer services from institutional treatment to community-based aftercare, and be flexible in their treatment programs in order to respond to community needs.

IDEAL SETTING FOR TREATMENT

Creating an optional therapeutic environment.

According to the participants, an optimal environment grows from staff-client relationships founded in mutual respect and concern. In this setting, distinctions between "sick" and "healthy," and labels

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IDEAL
SETTING
FOR
TREATMENT

which limit development are lost. *In one view, the optimal therapeutic environment is "nurturing, protective, consistent, and safe."*

Building staff: organization, training, accountability

"Child abuse will be reduced if staff members have equity in decision-making," stated one participant. The group concurred that institutional child abuse is an expression of the system's abuse of the staff as well as of the children. So is the failure to provide staff with adequate conflict resolution, communication and treatment skills.

The staff team which includes everyone who has direct contact with the child should be the basic administrative unit of the institution, determining treatment methods, and modalities.

Accountability must grow from the philosophy of the institution, and be built into the total system. The group was critical of the traditional hierarchy of many institutions, which fosters buck passing rather than accountability. If the treatment team is given primary authority in the institution, the team would then be accountable for success or failure of treatment plans and methods.

RECOMMEN-DATIONS

We belive that a nurturing deliberate, consistent, scientific treatment system must be available to intervene in a child's development. We therefore recommend:

1. Every institution must develop and publish a philosophy of treatment that is flexible, and adoptable to the different developmental stages of youth and promotes growth.

2. Every institution must develop and publish a statement of treatment modalities that is a scientifically, deliberate, consistent, and persistent intervention and reflects the individualized needs of each youth.

3. The decision to place a youth in an institution is valid only when a thorough evaluation and diagnosis is made, based on discussions involving the youth, his or her family, the referring agency and the institution. A facility should guarantee that treatment service meets the child's treatment needs.

4. The principle of least restrictive environment must be considered when a youth is placed in an institution.

RECOMMENDATIONS

5. Every institution must develop and make available a plan to return the youth into the community with an appropriate continuum of services that assures successful integration.

6. Each institution must develop procedures of accountability which include, but are not limited to, the following:

- Codified standards and licensing
- Interagency peer review
- Staff peer review
- Client involvement in treatment process
- Research and evaluation to measure outcomes
- Mandatory reporting of institutional abuse with harsh penalties for non-compliance
- An ombudsperson for each youth

7. Every institution must develop and publish an internal staff organization, structure, and training plan that maximizes staff participation, develops staff responsibilities, ensures staff participation in all decision-making processes and develops staff peer supervision and evaluation models.

8. *Minority recommendation:* Institutions must develop manageable coeducational units of no more than eight youths.

PARTICIPANTS: TREATMENT MODALITIES AND ACCOUNTABILITY

Chairperson

Barry Glick, Ph.D.	Auburn Center for Girls Auburn, New York

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Joanne D. Lipner	New England Home for Little Wanderers Boston, Massachusetts
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Recorder

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LIMITATIONS ON ADVOCACY SEMINAR

MODEL ADVOCACY SYSTEM

The session began with a description of a model advocacy system based on power, representation, and consensus. Any effective advocacy system must have power inside and outside the institution. *First, the director of the institution supports the advocacy system. Secondly, the advocate is to live wihin the institution and monitor its activities 24 hours a day. Finally, a special community advocacy group selected by a citizens' panel serves as a bridge between the advocate and the institution.* If the advocate says that there is a problem within the institution, the community group will help verify the allegations and exert power to see that the problem is solved.

The advocate must represent what the client wants. One spokesman stated that, "As an advocate I represent the clients' desires whether they are

MODEL ADVOCACY SYSTEM

realistic or not. If they are dissatisfied, for whatever reason, my job as an advocate is to exercise every power available to me to help them."

Development of a written list of clients' rights is another element of a successful advocacy program. This list then serves as the basis for the advocate and citizen board to judge their actions and decisions. The citizen board itself hires advocates to assist in decision-making and to educate the citizen board members about the rights of clients.

In the sample institution, there are 100 residents per advocate. The advocates provide no direct service. They report directly to the Superintendent of the institution, and have access to all records. They are responsible for monitoring both the administrative as well as direct service providers.

ISSUES: ENVIRONMENT

The abnormal environment of an institution is the major limitation of an in-house advocate. Clients themselves have difficulty communicating to the public or even to their advocates how bad conditions are within the institutions. The public is not willing to close institutions which are by definition abnormal places because it does not understand how destructive institutions are.

ISSUES:
ROLE OF
ADVOCATE

Advocates themselves can become immune to how bad the situation is within the institution. Instead of being a safeguard, the existence of an in-house advocacy system can lead to complacency and a feeling that everything is okay. Thus, the advocacy system itself can camouflage real problems.

Perhaps the greatest external limitation on advocacy is that all advocates eventually run directly into problems of money. Changes often require more money, but the administration does not want to spend more money.

The advodate's job is made especially difficult because he/she is isolated from other advocates and cannot provide support for one another. Professional staff are threatened by advocates because advocates are destroying the myth of professionalism.

ISSUES:
COMMUNITY
REVIEW
BOARD

The Community Review Board composed of citizens, consumers, and professionals, is a key ingredient of any effective advocacy program. The board should review all admissions using guidelines to determine whether placement is necessary. The process includes exploration of alternatives to institutionalization.

The Community Review Board would also work toward the establishment of appropriate local services for children. They should also lobby to improve the range of community facilities.

The board can also monitor institutions and hold them accountable so that a child is not placed and forgotten by members of his community. The group agreed that in complex cases, a review board may need staff assistance to place a particular child.

Community Review Boards should be involved with dismissals from institutions as well as admissions.

"It is cheaper to release people from institutions than to keep them there; therefore, there are many inappropriate dismissals," said one participant. Community Review Boards must make sure that departure at this point is a good decision for the client and must insure that a suitable follow-up plan has been developed. The client should be involved also in drawing up his own follow-up plans.

Community Review Boards should monitor the overall quality of the institutional environment, informing the public and decision makers in both the executive and legislative branches of government about institutional abuse and suggesting alternative services.

ISSUES: COMMUNITY REVIEW BOARD

Since the group concluded that large institutions have inherent environmental deficiencies, one participant proposed advocates put major emphasis on closing large institutions. Others disagreed for several reasons. The community at large does not want to deal with those now institutionalized and thus there will always have to be places for the unwanted. Moreover, no matter how small the treatment center, abuses can still exist and an advocacy system is necessary.

ISSUES: NORMALIZATION

As one participant pointed out, "the environment of an institution is often designed for the convenience of the staff rather than to meet the needs of the residents." For example, terrazzo floors are easy to clean but unpleasant and dangerous for residents. One function of an advocate is to see that the environment is designed for the residents.

Above all, a majority of the seminar members felt that one must have close interaction with the community and access to normal activities. All agreed that *the best environment for a child who must be removed from his/her home is a small, quasi-family environment.* Particular groups, such as severely retarded children who need constant care, pose the greatest challenge in setting up standards in normalization.

RECOMMENDATIONS

1. Establish standard rights for all children in institutions.

2. Establish standard definitions of what constitutes child maltreatment in an institution.

3. Establish mandated internal advocacy programs for all institutions, jointly supervised by a citizen's panel and the institution's superintendent.

4. Establish a system for documenting and evaluating all restrictions of rights. This should be combined with documentation of accidents and injuries with photographs.

5. Establish standardized guidelines for determining the limitations and constraints of staff interaction with children.

6. Establish advocacy procedures to act on the information provided by investigation in order to produce change.

7. Advocates should train and orient staff on rights of children and their role in implementing these rights.

8. Establish a national clearinghouse on the delivery of services to children in institutions.

PARTICIPANTS: LIMITATIONS ON ADVOCACY

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DEINSTITUTIONALIZATION SEMINAR

WHY DO INSTITUTIONS EXIST?

Members of the deinstitutionalization working group agreed that the basic rationale for institutions is the "presumed" demand of society to separate people who are different from our midst. This concern for separation and isolation continues to exist in spite of evidence that everyone benefits from contact with peers.

Current state and federal laws and regulations encourage the placement of children in institutions because child rearing is perceived as either a family or a state responsibility. The lack of partnership between the state and the family requires that one party give up the child, while the other assumes total responsibility. The social welfare system therefore becomes an either/or

WHY DO INSTITUTIONS EXIST?

system where there is no continuum of services that would enable families with children who have special needs to provde extra care for children in their own homes.

The orientation of professional social workers and planners toward pathology and the medical model also promotes the use of institutions. All deviance is perceived as pathology which must be "cured." Institutions are built to resemble hospitals; no attempt is made to design facilities that stimulate normal homelike conditions with specialized facilities designed for the needs of the residents.

One participant expressed a minority viewpoint when he stated some positive reasons for the existence of institutions. He described some institutions that he visited in Israel and Europe which he thought were effective. He stressed the value of the stability of institutions and expressed concern about the instability in many group homes:

> "Institutions can be a fine surgical instrument for the incision of certain types of behavior. The institution is an extremely powerful environment. Although it does have potential to destroy, it also has enormous power to heal."

WHY DO INSTITUTIONS EXIST?

Most members of the group felt that institutions continue to exist because there are many vested interests working to keep them open. They identified institutional staffs, professionals, politicians, and business suppliers among the vested interest groups. Federal and state budgets and regulations are geared toward institutional funding and it is difficult to redirect these funds away from institutions toward community-based care.

The group agreed that deinstitutionalization is largely a political rather than a technical question. One could, theoretically, devise and test a variety of alternative approaches to deinstitutionalization. Trying them out depends on resolving difficult political issues.

RATIONALE FOR DEINSTITUTIONALIZATION

No child shall be offered less by society than that offered the normal child. This requires that each child's capacity for community living and personal growth be clearly determined and that the child must be placed in circumstances that maximize his/her potential.

Large institutions are very resistant to change. "The more powerful the institution, the more resistant to change," said one group member. *Most members strongly believed that it is essential to eliminate large institutions rather than making a hopeless effort to improve them.* With the development of small programs and more individualized placements, accountability for services rendered and service failures will be much easier to determine. Extremely high cost was seen as a severe barrier to improving institutions.

> "Institutions can be improved up and beyond what they are now..but it can be said indisputably that institutions cannot provide a family environment."

While one member felt that an effective institution is not a contradiction in terms, most of the group members expressed strong pessimism about improving institutions. As one stated:

> "There are no large state-run institutions anywhere that I know that are providing adequate care for any patient population.. How many state-run institutions would be in existence if they had to draw their clientele on a voluntary basis?

The group perceived institutional care as a last resort for the profoundly multi-handicapped child with overwhelming dependency needs.

STRATEGIES FOR DEINSTITUTIONALIZATION

One sminar member advocated a strategy that would enable the clients with the most serious problems to be deinstitutionalized first. At the present time institutions usually mainstream their best clients first since that is much easier. Secondly, the institutional staff become demoralized if only the patients with the most severe problems remain within the institution because of the creaming off of the clients with less serious problems. Another advantage of tackling the most difficult cases first is that if the programs are successful, it will be relatively easy to deinstitutionalize the remaining residents.

As the patient population in institutions begins to decrease, it is crucial for the money to be redirected from the institutional budget into adequate community services for the mainstreamed population. At the same time plans must be made for providing adequate programs to retrain institutional employees for new jobs.

As part of the deinstitutionalization plan, it is important to drastically reduce or even eliminate any new admissions to existing institutions by placing clients in "family settings," such as foster homes and group homes.

STRATEGIES FOR DEINSTITUTIONALIZATION

Any strategy for deinstitutionalization must provide opportunities for citizen involvement and prepare the receiving communities for deinstitutionalization.

COST

"I don't believe that deinstitutionalization will result in any cost savings; in fact it will probably be somewhat more expensive," said one participant. They felt the issue was not whether institutions are more or less expensive than community services. The critical issue is how to provide satisfactory services for the money expended.

The cost argument is best couched in a welfare economics equation: cost/satisfaction; not cost/unit performance. The cost of the deinstitutionalization process is high because the transition/start up costs are likely to be double present costs.

Politicians need to understand the high costs of transition; they need to redirect institutional operating monies to community services for the mainstreamed clients.

RECOMMENDATIONS

Development of a Service System with Consumer Accountability

The seminar group developed a new model of service delivery based on the philosophy that the

COMMENTIONS

government should get out of the business of providing direct services to clients. Government service dollars should be attached to individual clients and not placed in an institutional budget. Clients or a legally responsible representative, other than a public agency, should be able to pick and choose the services that they need in a competitive "free market" of service providers. This elective consumer oriented services delivery approach would have built in accountability because of the competitive nature of the system. Since clients would have a choice between competing services, only services that were really effective would survive. Such a system would have the following components:

Citizen involvement

Citizen advocacy boards should be established to provide citizen involvement in program planning. A successful consumer-oriented service delivery system would require public information to allow informed consumer choices. Staff would be trained to relate services to consumer needs. In addition citizen boards would establish an advocate for each child receiving service.

RECOMMEN-
DATIONS

Purchase of service

The state government would continue to pay for services but not directly provide them. The state's role would be to monitor the quality of services provided by non-government agencies.

Voucher system

Every child with special needs/problems would be given a voucher to pay for the services that he/she needed. The state through purchase of service agreements could offer a variety of services which the child selects. Service monies would be distributed directly to clients who would select specific services.

A voucher system of services requires incentives to prevent lengthy unnecessary service and encourage services to children with the most serious problems. Strict licensing requirements would be established by the state government for all service providers. While service providers could advertise their services, strict "truth in advertising" laws would be necessary to protect the consumer.

The group suggested the establishment of a Consumer Service Bureau to educate consumers about different types of services and provide information on service providers. The Small Business Administration could be asked to provide the necessary capital for start up loans for competing private service providers.

Advantages of consumer-oriented delivery system

A major advantage would be the development of a source of accountability outside the service system. The voucher system approach would allow consumers to coordinate and utilize the existing variety of federal categorical programs. Institutions are not inherently a defective form of care. Under a voucher system those institutions capable of responding to consumers' needs would have a place in the care continuum and would not function as a dumping group or placement of last resort.

PARTICIPANTS: DEINSTITUTIONALIZATION

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COMMUNITY STRATEGIES SEMINAR

GOALS

All children, whether socially, mentally, or physically handicapped, have a right to live and receive services in the most normal and least restrictive setting compatible with their needs. Therefore, a continuum of services is necessary, ranging from care in one's own home to community care to institutionalization.

Community support for a variety of services and for the elimination of institutional abuse derives from active community participation in the provision and monitoring of care. Community advisory boards comprised of neighbors and interested individuals is one way of ensuring active community involvement and institutional accountability.

Although there was a clear consensus in the group that less restrictive settings were preferable to institutional care, there was no consensus

GOALS

that institutions should be totally eliminated. Such care may be necessary for youths who have demonstrated that they pose a serious danger to themselves or society and for multiple handicapped children who require sophisticated and continuous medical or specialized care. However, such children compose a very small percentage of the children currently institutionalized. The focus should be on modifying institutions in an orderly and planned way. Meanwhile, *states should be required to develop standards for residential placement* which encourage the development of alternatives to unnecessary institutionalization such as day services and community residences.

ALTERNATIVES:
HOME CARE

The development of day programs for handicapped pre-schoolers is necessary for keeping children at home. Self-help groups composed of parents of handicapped children could provide mutual support and advocate for better services. "People who are immediately affected by a disability have the greatest concern and the most self interest in doing something about it," commented one participant.

Physicians were identified as a "community" who could help discourage unnecessary institutionalization if they were more knowledgeable about existing and needed alternatives. More complete health screening for all pre-schoolers is also needed to adequately assess children's medical, social, and intellectual capacities. Currently many low-income children receive complete health screening through public health facilities but children from other income groups are neglected.

The development of useful and flexible standards for denoting children with problems is an important aspect to professional treatment. Current labels influence the kind of recommendations professionals will make regarding the type of care required.

The launching of a massive educational effort to sensitize the public to the needs and rights of handicapped children was identified as a major strategy for generating support for families to keep their handicapped children at home. The group criticized the movie industry for producing films that portray some children as evil and strange. Educating the public to the needs of handicapped youngsters is best begun with young children.

One participant captured the group's feelings about changing public attitudes in the following comment:

ALTERNATIVES: HOME CARE

> "We need to get people back to where they used to be when they would take care of their own. We have to convince people that it is in our own self interest to be supportive of these families who can provide a nurturing family environment for a child who is handicapped because ultimately we affect and are affected by the world we live in and our children will live in."

ALTERNATIVES: COMMUNITY-BASED SERVICES

Community care has frequently resulted from court orders or the desire to quickly decrease state human service costs. Professionals have to recognize a community's legitimate fear of being oversaturated with community residences. *Careful planning, gradual phasing out of institutions, and coordination among different state agencies is required for each community.* An effective long range plan to develop community care would include at least the following:

a. *Broad based education campaign* on the need and nature of community care through newspapers, television, pamphlets, and through local civic organizations such as the Lions Clubs, the Jaycees, and churches. The importance of involving elected officials in the planning process and in the dissemination of information was emphasized. One member of the group emphasized the importance of getting all these different groups involved in the planning process before there is a crisis so that they are educated and ready to lend their support and clout when it is needed. State legislators in particular need to know more clearly what the goals of community care services are and how they function.

Any educational program should stress enriching communities by allowing them to experience the full range of human abilities and disabilities.

Any educational campaign must allow for the fact that certain groups of people will not be responsive to the concept of community residences either because of fear for their safety, the fear that property values will decline, racism or fear that the area will be oversaturated with "undesirable" services. The public also tends to have unrealistically high expectations of community residences and the persons they serve, expecting more from handicapped persons living in the community than from those in institutions. When children receiving community services fail to meet these unrealistic expectations, the public is then quick to say "they can't make it."

b. *State agencies must have adequate resources to monitor community residences.* Monitoring community homes is time consuming because community homes are so decentralized.

c. *Current zoning laws are a major obstacle to the opening of group homes in many neighborhoods.* One member spoke of the need for a "carrot stick" approach to the zoning issue which would combine authority and citizen involvement in the planning process. One valuable strategy is the passage of zoning laws in every state which recognize community residences as legal single family use, but which also provides for appropriate dispersion and density standards to help insure that they are equitably distributed.

d. *Funding must follow people from institutions to the community.* Adequate funding for community residence and staff can serve as an incentive for communities to support group homes though sometimes it takes a court order to get funds to implement community programs. Community residences should trade with local merchants, provide some social services for the community as an incentive for acceptance, and whenever possible hire staff from the local community. Also to the extent possible, a community residence should give priority to serving local persons.

e. *Institutional staff must be involved in planning for deinstitutionalization and be retrained to work in community facilities.* While it is desirable to try to place institutional workers in community-based services, as civil service employees they often enjoy generous fringe benefits which community homes cannot afford to pay. Moreover, their unions usually have restrictions which are incompatible with the jobs at community homes, such as a limited number of work hours for a group home parent. Planners must work with the unions to resolve these difficult issues.

f. *Providing services which the community has identified as needed allows an organization to develop credibility and to be accepted as part of the community.* An agency which has the respect of a community is much more likely to be able to establish a group home.

ISSUES: CITIZEN ADVISORY BOARDS

Citizen advisory boards can be important in planning programs and in building in accountability. These boards would be composed of consumers, interested citizens, neighbors, public officials, media representatives, professionals and "alumni" of institutions. As one participant commented:

> "We must begin to develop citizen participation in our programs and then be prepared for what that means. This is not a recipe for peace, but a recipe for growth and change."

ISSUE: INSTITUTIONS

The greater the involvement of outsiders in an institution the easier it is to control maltreatment. Programs that involve the public as direct service volunteers can both improve the quality of institutional care and help to break down negative stereotypes that the community has about the clients and treatment.

ISSUE: COMMUNITY RESIDENCES

Citizen Advisory Boards must be indigenous to the community and meet on a regular basis. To be effective they must also represent an area small enough to allow for representation of the distinct character of a particular neighborhood and provide ongoing information to the public and neighbors rather than only during times of stress and crisis.

In order to develop strategies which will garner the necessary community support, charted below are the different kinds of "communities" which need to be approached, the issues which are most relevant to each "community" and the strategies which will deal with the issues.

Community: *The General Public*

Issues: rights of children; corporal punishment; community responsibility and enrichment; public and professional attitudes toward handicapped persons

ISSUE:
COMMUNITY
RESIDENCES

Strategies:* litigation; education (mass media, literature, school courses); legislation; regulatory power; one-to-one contact

Community: *Special Interest/Governmental Interest* (including Professional Organizations; Legislators; Unions)

Issues: breakdown of stereotypes of clients and care; breakdown of invested bureaucratic interests; development of appropriate services; retraining and reallocation of staff; accountability and monitoring; fiscal support; zoning and community residences

Strategies:* initial and ongoing involvement in total process; money following child; state legislation; zoning/staff ratios, etc.; direct contact with program/client staff to build investment; continuing and comprehensive information sharing; open system.

Community: *Local Community* (including neighbors, elected officials, informal leaders, block associations and local businesses)

Issues: acceptance of residence/program; acceptance of a particular site; integration of client in community; fiscal support (CETA, etc.); accountability/monitoring; volunteer services

Strategies:* (1) community education and involvement by means of: identification of power structure, linkage to hierarchy, comprehensive and continuous education, involvement in site selection, special program devising, neighborhood advisory board, direct service, provision of services by facility to community, use local business as resource, involve alumni, consortium and open system;

(2) accountability for quality practice including: staff support groups, in-

*Many of the strategies listed are applicable to more than one issue and one community.

service training, collegial decision making;

(3) professional responsibility to community involving inventory of services to avoid saturation, maintenance;

(4) appropriate law ordinances.

Strategies for developing public support for community residences is presented in the publication A Handbook for Community Residences, which is available at $3.50 per copy through CRISP, Westchester Community Service Council, 237 Mamaroneck Avenue, White Plains, New York 10605.

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CONCLUSIONS

Six months before the conference convened, four overriding objectives were identified by the conference sponsors. As a first step toward understanding and impacting institutional maltreatment, the conference was to:

- -- Identify issues and problems:
- -- Identify areas where change is needed;
- -- Increase awareness and arouse concern in both the professional and public communities;
- -- Develop strategies aimed at preventing institutional maltreatment.

These categories present a convenient framework for synthesizing the major recommendations of the working seminars. Despite the disparity of background, interests, and perspective both within and among the seminars, the recommendations on the whole present a surprisingly consistent picture of institutional maltreatment, and what is to be done about it. For a broader discussion of these issues, see Cornell University/New York State College of Human Ecology's Human Ecology

Forum (Vol. 8 Nos. 1-2), which are available at Box 27, Roberts Hall, Cornell University, Ithaca, New York 14853 at a cost of $1.50 each.

ISSUES AND PROBLEMS

Participants devoted much attention to defining basic concepts of the institution, and maltreatment. What is--and is not--an institution? What constitutes maltreatment? These questions, and the responses generated, are reflected in the individual seminar reports. They formed the basis for all that followed.

Next the seminars focused on the institutions themselves: their size, goals, organizational structure, staff quality, internal inconsistencies, relationships with surrounding communities, views of the world. With few exceptions, participants agreed that large institutions served few social or resident purposes, and should be supplanted by home care and smaller structures.

A second problem area raised in several seminars involved public attitudes toward children in institutions. It was observed that retarded children and juveniles in correctional institutions, for example, are regarded as different, or bad, or dangerous, making community placement extremely difficult. This led, in addition, to insufficient funding for their care, and lack of concern for neglect and abuse.

An underlying discussion theme in several seminars involved the absence of rights or professional support for residents and their families. Lacking formal procedures, institutions too often subjected residents to arbitrary treatment and control, subject only to the impulse of the staff. And lacking funds, facilities, and access to systematic, professional support, families who wish to keep their retarded, disturbed or handicapped child at home are forced, instead, toward the institutionalization they seek to avoid. Identified issues and problems ranged widely from these areas to touch a spectrum of social, individual and institutional concerns.

AREAS WHERE CHANGE IS NEEDED

Participants began with the institutions themselves. They were too large, they said, inadequately staffed and funded, too isolated from the community and from the families of the residents. Some felt, in addition, that residential institutions for children came to define their mission in terms of the institution's need to survive and grow, distinct from the needs of children. The institutions themselves, and the people who staff them, had to change.

Changing the institutions required change in other areas of public and private responsibility. Participants in several seminars discussed the need for expanded state and federal legislation and regulation of residential institutions for children. Changing relationships between institutions and the community was also needed, as part of the process of deinstitutionalization and the creation of more caring environments.

Furthermore, there is a need for more knowledge concerning the nature and incidence of institutional maltreatment of children. Procedures and protocols need to be developed for receiving and investigating reports of institutional maltreatment and instituting corrective action.

Finally, several of the seminars discussed the need for coordination and rationalization of care, both within and among institutions. Too often, a continuum of treatment and services is lacking, pushing staff and residents toward long-term neglect rather than long-term care.

AWARENESS AND CONCERN IN THE PUBLIC AND PROFESSIONAL COMMUNITIES

Public awareness was a major concern of several of the seminars. The Mental Retardation seminor, for example, focused primary attention on this issue. They endorsed "a major national campaign.. to educate both citizens and governmental officials about the high financial and human costs of institutionalizing the retarded." National efforts to collect and disseminate information on institutional abuse; community education through the media, schools, and other forums; community and citizen advisory boards; further state and local conferences on institutional abuse; and a national clearinghouse on services to children were endorsed by participants.

Education of the professional community was addressed less frequently. The need for additional state and local conferences was discussed, and several of the seminars addressed the need for state and national efforts to support the passage of necessary laws and regulations, and the development of model prevention and treatment programs.

STRATEGIES TO PREVENT INSTITUTIONAL MALTREATMENT

Over a hundred recommendations were generated by the seminars, most of them aimed directly at reducing institutional maltreatment. For their range and flavor, review the reports of the individual groups themselves.

Several classes of strategies merit further mention. These include:

SHORT TERM

- -- Public education campaigns
- -- National information collection and dissemination
- -- State and local institutional abuse conferences
- -- Lobbying and legislative action
  - -- Standard rights for children

- Standard definition of abuse and neglect
- Mandated internal advocacy programs
- Removal of juvenile status offenders from correctional institutions
- Granting of litigative powers to Department of Justice

MID-TERM

- Altering institutional rules, regulations and procedures
    - Guaranteed appropriate treatment
    - Internal accountability
    - Guidelines for model programs
    - Plan to return residents to family or community
    - Elimination of isolation, seclusion, and corporal punishment
- Improving staff
    - Selection
    - Training
    - Pay and career ladder
- Developing community support
    - Community accountability and endorsement
    - Revised funding plans
    - Support, services, and subsidies for families

LONG-TERM

- Deinstitutionalization
  - Placement of residents in home or community
  - Close all large institutions
  - Development of comprehensive community services
  - Accountability/monitoring of deinstitutionalized programs
- Testing of program alternatives
  - Funding client-specific services
  - Programs demonstrating model program management
  - Voucher system
- Research
  - Testing program alternatives
  - Develop and compile information on the extent of human and social costs
  - Develop taxonomy of social costs
  - Improved formative and summative evaluation procedures
  - Analyze relationships between residential institutions for children and other institutional frameworks

A tall order. But the longest journey does, in fact, begin with a single step. Let us continue!

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Section III

The material contained in this section consists of excerpts from Volume 8, No. 1, Summer 1977 and Volume 8, No. 2, Autumn 1977 of the Human Ecology Forum, a quarterly publication of the New York State College of Human Ecology, a statutory college of the State University, Cornell University, Ithaca, New York.

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Human Ecology Forum

Institutional Child Abuse: Part One

Human Ecology Forum is a quarterly publication of the New York State College of Human Ecology, a statutory college of the State University, Cornell University, Ithaca, N.Y.

2 Viewpoint: Institutions are Abusive

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About This Issue

We began work in the coldest part of the winter. Our plan was to have a complete issue by the time of the National Workshop on Institutional Child Abuse in June 1977. Our topic got the best of us. We found we had to continue our interviews, editing and writing right through the workshop and into the hottest weeks of summer. We came out with enough material for two issues. And we set out to publish both near enough in time to give readers a better sense of the topic than our normal three-month hiatus would allow.

Part One attempts to open some doors — doors to the mind — by seeking people's view from one end of the country to the other and by going into the hearts of the children who are "clients" of institutions and into the perceptions of a novelist who worked in an upstate, rurally located "youth center." The purpose of *Human Ecology Forum* is to explore problems and raise concerns, certainly, but the magazine's goal is to provide readers with access to resources from the N.Y. State College of Human Ecology and elsewhere for dealing with such problems and concerns. Our new departments, "Resource," "Lifeline," and "Editor's Choice" constitute a major portion of this issue.

Part Two will take us into places normally closed to us — behind the doors. Included are a tale from inside Willowbrook, a view of juvenile detention centers, and of adult jails that hold children, and a testing of the mood prevailing in the helping professions. We take a close look at what is going on behind the one door that, like Frank Stockton's "The Lady and the Tiger" conceals either the real solution or the root source of institutional child abuse: the American home.

It has been an odyssey that has left a mark on all of us who have traveled the days from winter through summer. Since we began, Willowbrook has been in the news again and again. *Philadelphia Magazine* received a prestigious magazine publisher's award for an expose of conditions in Pennhurst, one of those megabed institutions. A very small residential institution, Elmcrest in Syracuse, N.Y., came under a cloud of scandal and was closed for the time being anyway, its small group of boys shipped off to other settings. Camp McCormick, also in New York State, was burned to the ground under suspicious circumstances. The eighteen youths who had been housed there were moved directly to another "youth center," Industry. And then Industry came under a cloud with reports of violence and abuse by residents against residents. The Lansing Center also suffered some incidents and this struck close to home: the poems in this issue and in Part Two are written by former Lansing residents and Ted

Hower's piece herein is about his work at Lansing. We know from our weeks of interviews that these are eruptions that come from the stresses endured by children and by the institutions they reside in. We know that the workshop recently held at Cornell marks a striving on the part of policy makers to face the problems of institutional abuse at a time when such abuse is on the rise. We have become aware that so far the tide of abuse is flowing, that the need for additional resources is growing, that the general mood of the public is against the needed public spending in this area as in all others. We, therefore, sympathize with anyone who feels less than positivistic.

The public policy is, however, that there is a job to be done. Our magazine sets out some of the steps to be taken and programs being attempted. As a direct outcome of the workshop held in the College of Human Ecology, a comprehensive analysis of the problem will appear early next year in the form of a publication tentatively being titled *Institutional Child Abuse: A Preliminary Report*. It will examine the social costs of the problem, deinstitutionalization, community support for community residences, child and family advocacy, legal implications, a perspective on correctional institutions and other topics.

The report is directed at a wide audience, including administrators and workers in child care facilities; other health care workers; federal, state and local officials; child advocates; lawyers; police and corrections officials; and interested citizens. The report is to be published by the National Center on Child Abuse and Neglect, U.S. Department of Health, Education and Welfare. It is being developed by the Family Life Development Center in the College of Human Ecology in consultation with Centre Research Associates of Newton Centre, Mass.

T.H.

Be A Good Citizen

**Go ahead,
line us up
against a wall
one by one
pick out a title
for us all
PINS,
Title two
COPs
Title one
or three
volunteers
JDs
and name
your schools
one by one
you seem so
proud of them
lock ups
centers
group homes
foster homes
treatment homes
you're all so proud
of yourselves**

**just get all of the
trouble makers
and
maniacs
off of the streets
and lock them up
and your troubles
will just be fine**

**let them suffer,
they got theirselves
into it and like
good citizens
you pay your taxes**

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Viewpoint: Institutions are Abusive

By D. Peter Drotman and Michael S. Goldstein

In 1763, the welfare department of St. Andrew's and St. George's parishes in London were instructed to care for 59 impoverished infants. By 1765, 57 were dead. This is only slightly less remarkable in view of the recording that from 1767 to 1769 (non-epidemic years) half the 16,000 children born in London died. In 1874, a New York judge made a landmark decision by defining Mary Ellen, a child abused by her step-parents, as a member of the "animal kingdom." Thus he applied to her the law preventing animal cruelty and allowed the Society for the Prevention of Cruelty to Animals to remove the girl to safety. There were then no laws or societies to protect children from parents, employers or anyone else. More than 100 years later, while the rights of children are now discussed openly, we seem to have accepted the "battered child syndrome" as a household term and the media are filled with stories of the nation's Willowbrooks. It may be, in fact, that urban, industrial society with its small, geographically mobile, isolated family units and de-emphasis of community responsibility has created the potential for increasing, not decreasing, child abuse of all sorts.

We are concerned with the rights and needs of those children who have the most meager emotional, familial and financial resources. These are children who have been labeled by medical, educational or legal authorities as requiring removal from the larger society for some defect (real or imagined) in themselves or those around them.

There are three easily distinguishable arenas where child abuse occurs. The most well known of these is the home. This type of child abuse has been well documented in the popular and academic press. It may be intentional or unconscious. It has been known to stem from hostile, disciplinary, constructive, educational or even religious motivations. This type of abuse may occur once, occasionally or chronically. The major efforts at child abuse prevention, study and treatment have dealt with abuse in the home.

The second arena of child abuse, is in the institutions that are responsible for children. It is entirely appropriate to begin to examine institutional child abuse that occurs in such settings as day care centers, schools, courts, child care agencies, welfare departments, hospitals, correctional and residential facilities. Dr. David Gil of Brandeis University has defined this type of child abuse aptly:

"In such settings, acts and policies of commission or omission that inhibit, or insufficiently promote, the development of children, or that deprive children of, or fail to provide them with, material, emotional, and symbolic means needed for their optimal development, constitute abusive acts or conditions. Such acts or policies may originate with an individual employee of an institution, such as a teacher, child care worker, judge, probation officer, or social worker, or they may be implicit in the standard practices and policies of given agencies and institutions. In the same way as in the home, abusive acts and conditions in institutional settings may also result from supposedly constructive, or from negative and hostile attitudes toward children, and they may be one-time or occasional events or regular patterns."

When child abuse is viewed this way, it appears to be endemic in institutional facilities for the care and education of children, since these settings usually do little to actualize the human potential of children in their care. Analysis of institutional child abuse reveals that it is not distributed randomly throughout the population. Minority children, children from deprived socioeconomic backgrounds, handicapped children and socially deviant children are unlikely to find optimal development inside an institution. However, even settings serving children from privileged backgrounds rarely encourage the optimal development of all children in their care. These institutions also inhibit the children's spontaneity and creativity and promote conformity rather than critical, independent living. Legally sanctioned child abuse is experienced by several hundred thousand children under foster care, in reform or correctional facilities, or entrusted to institutions for those defined as mentally retarded. The universal failure of these settings to assure optimum development for children is well known to professionals and increasingly known to lay people. Here is where the need for child advocacy is most acute.

The third arena of child abuse is societal. All too frequently our social policies sanction or cause severe discrepancies between the actual circumstances of children and conditions needed for their optimal development. The consequences of such social policies are that millions of children in our society live in poverty and are inadequately nourished, clothed, housed and educated; their health is not assured because of substandard medical care; their neighborhoods decay; meaningful occupational opportunities are not available to them; and alienation is widespread among them. This arena of abuse is the most impervious to change. It nevertheless contains the greatest potential for improvement of the condition of children. Clearly, the ultimate approaches to child abuse prevention will be found at this level. However, the radical changes needed — changes that would alter both families and institutions — are not yet on the horizon.

The influence that institutions and government exert over the lives of children, especially evident in schools, residential institutions and public health agencies, has not come without conflict. Today these conflicts are manifest in areas such as sex education, the right to withhold medical treatment and custody proceedings, among others. The underlying conflict is between the rights of children and the rights of adults to control children. Recently, in discussions of these issues a new phrase is often heard: "children's liberation." One of the basic tenets and tools of this movement is the notion of advocacy.

A movement like children's liberation arises from a large number of factors, many of which are overlapping, mutually reinforcing and difficult to isolate. The first is development of a capital intensive, highly industrialized society. In such a society the population is predominantly urban as well as more affluent than previously. Traditional forms of social control, such as religion, become less important. Family size decreases and the role of women and other subjugated groups starts to move toward equality with dominant groups. These moves are most often slow, frequently self-consciously directed and usually marked by societal, institutional and individual resistance to change.

By the early 1970s most groups within American society that had been excluded from sharing fully in the control and the benefits of society had at least begun to organize for improvement in their position or as it is often termed, "liberation." Such groups varied widely in their defining characteristic (race, ethnicity, age, sex, sexual preference, physical handicap, legal stigma), tactics, goals, conception of "liberation," acceptance by the larger society and degree of success.

It is in this social context that institutionalized children, a group with very limited power over their own lives, have become the focus of a liberation movement. Children's liberation appears surprising because all children, especially institutionalized children, would seem so lacking in power, resources, experience, and survival ability as to be unable to form such a movement. Children's liberation, as opposed to other liberation movements, is thus infinitely more dependent on advocates from the ranks of the "oppressors"; in this case, adults. Two groups of adults have been important enough to be considered factors in the rise of the movement.

The first group consists of the so-called "helping professions" (psychiatry, clinical psychology and social work) along with the academic disciplines in the social and life sciences that provide their theoretical base. Virtually every theoretical and clinical perspective in these fields recognizes the key role of childhood in human development. Some theorists such as Freud, Piaget, and Erikson have specified the stages of development through which children pass and have shown how profoundly each stage depends on the ones preceeding it. The complete acceptance of the reliance upon such perspectives by the helping professions has created a pool of concerned and articulate adults who have an intellectual, professional and value interest in helping institutionalized children reach their fullest potential. They see themselves as advocates of children and their "liberation" from whatever forces would limit their fullest development. This is the case even though the phrase "fullest development" might have no agreed-on meaning among these advocates.

Lawyers and jurists are a second group that has taken on a new awareness of the significance of childhood. In the past, children were little more legally than the chattel of their parents. The law, even to this day in many cases, has not recognized children as persons, nor has it segregated the interests of children from those of their parents. This is a vital area since the extent to which the law and lawyers can be mobilized is a major factor in success or failure of most liberation movements in industrial society. "Children's liberation," far from being an exception is, due to its inability to use power tactics, even more dependent on legal maneuvers. However, the acknowledgment of children as a group requiring liberation, no matter how vaguely defined, has not approached the degree of acceptance among lawyers and jurists that it has in the helping professions.

Still there has been a recent marked change of view of childhood by the legal profession and this, combined with the interest of the helping professions and some educators, has led to a nascent social movement in favor of enhancing the rights of children.

Clearly, any advocacy movement is destined to be accompanied by conflict. This is especially true in advocating for institutionalized children who frequently have no literal or figurative voice of their own. Who then is competent to advocate for the child? Until recently the answer has been to depend on the parent, guardian or institution to which the child is bound. That significant conflicts of interest have arisen in this arena is unquestionable, given the scope of problems and the number of children affected.

With the divorce rate increasing, well over one million children a year go through custody hearings and procedures. More than two million children are currently excluded from school for various reasons from lack of toilet training to truancy. Hundreds of thousands of children are in institutions. Frequently, no one speaks for these children; when a professional does so, that person is often an employee of the very court, school or institution that may be denying the child due process. The basic conflict the advocates must face is between the therapeutic or developmental interests of their charges and the institutional interests of their employers. Rather than acknowledge this conflict all too frequently the typical "advocate" ignores or represses it.

The decision to institutionalize a child, then, is a crucial one — more crucial to the child's future than is the decision to incarcerate an adult, yet only the adult is entitled to due process. When children are institutionalized it is typically because they have been rejected by family, school or local helping agencies — all of which function best with quiet, conforming, 'normal' children. However, every system can always identify its children who are most hyperactive, educationally handicapped or what-have-you. These children are the ones referred for institutionalization, which then frees the 'system' to subsequently identify its next most bothersome member. The conflict here is between what is best for the child and what is least disruptive of the system. By default the true child advocate becomes the adversary of a bureaucracy. Only the strongest and most independent advocates can stand up to an institution eager to justify its existence or its budget by a continuous flow and even backlog of referrals. Advocates cannot serve the protection of children's rights and support the institutions at the same time. Even the strongest advocacy in the current context can be only slightly ameliorative. This is not solution enough to the problems of abuse in institutions. To the extent that the struggle to provide for children's rights is a positive goals, we must prevent the institutionalization of the children. Only by decreasing the need for and the presence of institutions for children can we eliminate the abuses inflicted in such places. ◘

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Our Children's Keepers: Institutions in an Abusive Society

Each community has its own human ecology, the system through which its members relate. A community's health can be gauged by how well it responds to members needs, how thoroughly it accommodates diversity, how easily it integrates the excluded, and how devotedly it encourages a common sense of caring for the problems of individuals.

As a nation of communities, the United States has developed through time a pattern of entrusting the care of troubled individuals to others. The pattern is based on the development of institutions — a new institution, it seems, for each newly defined problem. Until very recently, the pattern has resulted in a countryside dotted with large buildings: brick and mortar to house an expanding number of needful individuals: sizable places with hundreds or even thousands of beds whose occupants, once they get there, tend to remain there for many years.

Rurally located residential facilities have been idealized on and off throughout our history. The most idealized have been those created for the protection of children. From the earliest orphanages and hospitals to the most recent developmental centers and detention camps, such facilities have been described as places where the abandoned, abused, handicapped and deprived could get a new start and a protective environment far from the depraved conditions they might have faced back in their home communities. For the severely handicapped, the ideal reflects a social admission that the chore of caring is too great for even the most loving and giving of families. For the delinquent, the ideal reflects a social awareness that the road out of trouble probably didn't exist in the child's home or neighborhood.

The ideal was based in fact. From the earliest days of the republic to the turn of the present century, a "village idiot" syndrome persisted and was fairly widespread. The "abnormal" child and the downtrodden child of the street were subject to everything from public abuse to mob murder when temper or caprice moved the community's less humane members. The rural residential facility was designed to eliminate such incidents and to protect the most unfortunate children.

An increasing corps of critics has begun to repudiate the notion that such children benefit from care in large institutions. They argue that institutions are impersonal, disconnected from the rest of society, unresponsive to the needs of the children in their care, incapable of providing a healthy developmental environment, and that they sometimes abuse and brutalize children.

The major drive among today's reformers is to empty the large rural facilities and replace them with small residences, family (foster) care and day centers and programs in the child's hometown.

Massachusetts was a leader among the states in replacing its large juvenile correction centers with small community based facilities. Other states are following and certain federal regulations tie tax dollars to the concept. The courts have begun to take some strong steps. In Texas for example, juridical findings of inhumane conditions in the large congregate care institutions have led to a court order to the state's Youth Council to develop community based facilities.

Surfacing evidence of widespread physical, psychological and sexual abuse of children in large institutions has been one of the strong impetuses to the new trend of "deinstitutionalization." Such evidence includes child abuse by staff (directly), by administration and officialdom (indirectly) and by the children themselves (with the tacit permission of those responsible for the children's well-being).

The problems in some institutions have been well publicized. Even if the definition of institutional child abuse were limited to the most obvious categories — the physical, sexual, nutritional, drug and therapy-related mistreatment of children in other-than-home settings — there is compelling evidence that something is wrong.

In *Weeping in the Playtime of Others: America's Incarcerated Children*, author Kenneth Wooden has detailed the physical and psychological brutality perpetrated on children in the name of treatment in institutions around the country.

In the case of Texas, a year-long investigation by the FBI of the juvenile corrections system established that the facilities were operated with officially sanctioned brutality. Inmates were beaten, tear gassed in solitary confinement cells, put to hard labor and placed — as punishment — in dormitories with older inmates where they were sexually abused. In addition, there was racial segregation, a prohibition against speaking Spanish among a population one-third Chicano and a lack of effective treatment and schooling.

Jerome Miller, who dismantled the large juvenile correction institutions in Massachusetts earlier in the decade and who is now Commissioner of Youth in Pennsylvania, told *Corrections* magazine, "I think that most places that house juveniles are underneath [it all] brutal, I think that large institutions with coerced populations are based in violence.

BLAME THE SYSTEM

"There is a difference between a system that brings out the worst impulses in people and people who are bad. At Roslindale [an institution in Massachusetts], for instance, we hired young, radical students out of Harvard to work, and within six months, they were fascists. . . . I don't go around saying we had an evil staff; I said that we had a system that mistreated people and brought out people's worst impulses."

Social historian David Rothman (in "Decarcerating Prisoners and Patients" in *Civil Liberties Review*, Fall 1973) has written in a similar vein: "Earlier reformers always placed the blame for institutional failures on a poorly trained service staff, or insufficient funding, or faulty administrators. We, for our part, are blaming the system. The very idea of incarceration is now suspect. It is not the wardens or the guards or the attendants that are to blame for the inadequacies: it is the very notion of correcting or curing people by locking them up behind walls."

Although physical brutality is the most obvious and dramatic abuse, many authorities talk of more subtle and pervasive forms of institutional abuse.

Dr. Jeanne Deschner of the Center for Applied Research and Evaluation in Houston says instances of physical abuse are "fairly rare." But she points to "abuse in the sense that kids are not getting the treatment they need." She told us that "They're just being warehoused, tucked away somewhere.

more

Trapped inside an institution.
So scary at first — dull, dingy
rooms all around.
usually loud
or complete silence —
no in-betweens.
Chip stairs up.
People playing cards,
watching t.v.
wasting time.
Having a feeling of escaping,
running, but yet
staying because people
are friendly,
plastic — but friendly.
Staying or stuck?

That type of abuse is very, very common. In large institutions, you end up moving groups rather than dealing with people.

"When children are institutionalized, they are taken away from their communities and families," Deschner says. "They don't learn the skills that they will need as adults. They need treatment rather than being told what to do all the time. They should be learning to develop responsibility for their finances, food, entertainment and social life. Up to this point in our history, we have used the nuclear family to teach these skills. In institutions, we have not."

Additionally, the very structure of the institution isolates youngsters by age. They find themselves in the bizarre situation of spending their most formative years with only their peers and their keepers as models.

The result is that children are psychologically and socially crippled by their dependence on the custodial care of institutions. They develop a self-concept of being "different." Many cannot cope when they re-enter society and end up returning to institutional settings — jails or mental hospitals — as adults.

Like Deschner, George Thomas, president of the Regional Institute of Social Welfare in Georgia, states that in terms of the thousands of institutions in this country, the physical abuse of children "is not that widespread." He, however, argues that institutional child abuse occurs "in an administrative sense" because of "unjust practices leading to a child's inappropriate confinement."

"The primary abuse," he said in our telephone interview, "is in depriving children of the right to a decent home by placing them directly in institutions and keeping them there in prolonged care — deprived of a placement that at least approximates a natural home."

Thomas warns that the deinstitutionalization of children will not automatically end the problems of abuse normally identified with larger institutions. "Part of the answer to getting rid of that kind of abuse," he says, "is to acknowledge that there is no magical environment. There is nothing necessarily less abusive about a more individualized setting. The quality of care depends on how the people running the institution treat the children."

Similarly, Rothman warns, "The benevolent aims of the founders of prisons and asylums did not prevent the subsequent degeneration of those institutions, and the nobility of our ambitions is no guarantee that alternatives to incarceration will not be as awful as the buildings they replace.

LEGACY OF FAILURE

"It is one thing to give lip service to the concept," Rothman points out in his article "and quite another thing to implement it successfully." Rothman, a professor at Columbia University, wrote that our attempts to improve the institutional system reflect "a history of changes without reform." He says that "each generation discovers anew the scandals of incarceration, each sets out to correct them and each passes on a legacy of failure."

Implementing deinstitutionalization, some proponents predict, will mean difficult political struggles with a variety of factions.

At the pioneer National Workshop on Institutional Child Abuse held at Cornell in June 1977, Pennsylvania's Jerome Miller said, "Deinstitutionalization is not a technical issue, not a matter of knowing what to do. It is a matter of the will to do it.

"When talking about deinstitutionalization, we are not simply talking about making a decision to close big buildings; we are talking about vested interests, contracts, architectural fees [and state officials'] cozy relationships with contractors."

When these large public facilities were created, they engendered thousands of jobs and frequently became the most important economic force in the small communities where they were located. The swing to deinstitutionalization has thrown both those jobs and the economic stability of those communities into uncertainty, but even AFSCME (the American Federation of State, County and Municipal Employees) is on record as supporting the trend. The conditions they place on such support will surprise no one: they call for the guarantee for the well-being of institutionalized clients and for the guarantee of new jobs for workers displaced by the process of deinstitutionalization.

Miller pointed to a recent episode in Pennsylvania where he had announced plans to transfer juvenile offenders from an adult prison to smaller care settings. Miller said that AFSCME exerted strong political pressures against the move. AFSCME has, in fact, opposed Miller's attempts in the three states where he has worked — Massachusetts, Illinois and Pennsylvania.

At Cornell, Miller said that to break the political bottlenecks that stymie reform, deinstitutionalization proponents must address the problem of "the captive-keeper relationship" in state-run institutions that, in many cases, allows clients' interests to be ignored.

"I think we have to ask ourselves why, at a time when Dorothea Dix was campaigning against the use of leg irons and manacles in state institutions in the 19th century, McLean Hospital in Boston, (which served children of the wealthy) had a petting zoo and open-ended visiting hours. I think the reason was one of consumerism: wealthy people could come and go freely at McLean and they could take their money with them if they were unhappy with what it bought in the way of care for their children."

Based on the belief that the same type of consumer choice should exist among the residents of state-run institutions, some reformers are pushing for a voucher system that would allow greater consumer power over the services received. Under the plan, the institutionalized person or the person's family would receive an allotment of money to spend for institutional services and, if dissatisfied with the quality of care in one setting, could transfer to another. The voucher system is based on the rationale that if consumers are given the power of the purse, institutions would be more responsive to their needs. They believe this would lead to a wider variety and availability of services.

"A voucher system introduces some type of consumerism into the system, a greater questioning and more accountability than we have now," stated Berkeley's Martin Wollins in discussions at the Cornell conference.

Ronald Feldman, Director of the Boys Town Center for the Study of Youth Development, added, "A voucher system would create a free market economy where one does not exist."

It is important to listen to Rothman and consider the possibility that a voucher system is yet another reform without change. What exactly does vouchering do for the welfare of the child and the child's family? Will vouchering end abuse? Would shifting children into smaller, more personalized settings in a location selected and approved by the family, break the child out of isolation from the normal rhythms of the community or would it merely be a new kind of isolation? What is the social outcome — does vouchering make for a better, less abusive society? Is it a clear step in that direction, with easily understood steps that follow?

UNHEALTHY URGE

Many observers have commented on the irony that Americans seem intolerant of differences between people even though "individualism" is one of the society's highest values.

Historically we have labeled hundreds of thousands as misfits to be put out of sight behind the walls and gates of institutions with names like Mountain Stream or Willowbrook. We seem ever ready to apply what Philip Slater refers to in the *Pursuit of Loneliness* as "the toilet assumption." We assume that "unwanted matter, unwanted difficulties, unwanted complexities and obstacles will disappear if they are removed from our immediate field of vision."

Neither a pocketful of vouchers nor a cadre of advocates can eliminate the unhealthy urge to flush away members of the society who do not meet an arbitrary definition of normality.

Cornell's family ecologist Urie Bronfenbrenner talked about community functioning and social isolation during an interview with *Human Ecology Forum*. "It used to be that children were isolated in institutions. Now they're becoming isolated outside of institutions. So very often deinstitutionalization means placing the child back into a world as alienated as the institution itself," he said.

The development of a healthy human ecology where the whole community accepts responsibility for the needs of each of its members is a critical priority in Bronfenbren-

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Nine Ways of Looking at Death

1
Death is alright if it happens
at night / creeps up like dark
dies away like a spark.

2
Death isn't me
I don't like death.
Dead people or animals
make me cold
feels like ice.

3
Death is strange
Death means
Reincarnation to
some people. Death
is weird. People die
and people live / then
what's the use of living
if people die

4
It must be an experience
but I can't really say.
It's nothing anyone
has ever come back
to tell.
It must be an experience.

5
Death is dark
the unknown
it's scary and frightening
Why must it
seem so bad

6
do it if you want
but don't not do it
for me.

7
I love life
but I dislike mystery
but I hate death — but
I shall not want to see
death.

8
I was born I know I'll die
but when it will come
it will be
short silent and peaceful
and beautiful because
the wind will be blowing
while I'll be
still and peaceful and my
spirit will rest."

9
death make me feel
like death.

Yesterday you loved me.
You said that you cared.
I'll never forget
The times that we shared
Today I turn
And find you're not there.
It's hard to believe
That you really did care.
I think of you often
With tears in my eyes.
I turn and I say
"I love you, good-bye!"

ner's analysis. "One of the fundamental problems with American society," said Bronfenbrenner, "is that we fragment everything. The essence of a social system is networks. You don't sever. You keep connections."

"I've argued that it is very important for all neighborhoods in every community to keep track of what's happening to their children and the people who are or would be available to become involved in the lives of those children. I think that applies immediately to the case where you have deinstitutionalized children in the community. Who's available for them? What type of place do they have? What is the community willing to do in order to give them a meaningful role?

"The Chinese have given that a tremendous amount of careful thought, so that what we call 'misfits' in our society are 'fits' in theirs."

In the context of Bronfenbrenner's analysis, it is conceivable that a voucher system could isolate the child and the child's family from the fuller community and separate the community from the realities of the needful child's life just as effectively as the present system does.

Larry King, who works as an advocate for institutionalized children in North Carolina, has expressed concerns about deinstitutionalization as a cure-all. In a telephone interview, King said, while he is opposed to big institutions because they are "innately evil in their concept and philosophy," deinstitutionalization is often undertaken "to comply with trends, not people's needs. Where do people go when they leave large institutions? The emphasis has been on discharge, not relocation." As a result, according to King, a population once invisible to us in resident facilities is made even more invisible by being dispersed from those facilities.

Many people we interviewed pointed to problems that plague institutions: underbudgeting, overcrowding, unqualified staff and lack of proper training for personnel. Some also claimed that media reports had exaggerated and distorted the problem of institutional child abuse.

Douglas Besharov, executive director of the National Center on Child Abuse and Neglect in HEW (the sponsors of the Cornell workshops) said in a radio interview that "institutions are a necessary and very constructive mode of helping and caring for young children." Avowing that abuse of children in institutions is widespread, he pointed to the high cost of proper care and noted that the "great pressure" on tax dollars is a contributing factor.

He said that there is also a tendency in our society to use institutions as places where we can shuttle people off into the background — people whom we think are unattractive or ugly or uncared for. It's not just lack of money, but also a lack of humanity," he said. (See the complete interview on page 9.)

John Doris, a researcher in atypical development at the College of Human Ecology, argued another side of the question. Not only is institutional care expensive, but also it is necessary in the most severe and complex cases. Communities are simply incapable of providing services that the most needful require. Severe mental and physical disabilities cannot be properly attended to in small towns with anything like the effectiveness that they can in appropriate congregate care settings.

CARING COMMUNITIES

A final set of questions emerged for us. Can institutions exist without abusing children? Will communities take responsibility for children who need special help? Is there a plan to deinstitutionalize that promises anything but a new set of institutions at the local level — more humane, perhaps, but still institutions? Is deinstitutionalization, in fact, reinstitutionalization?

In the end we concluded that if institutional child abuse is to disappear, communities must take back responsibility for all but the most terribly handicapped of their children. Connections must be made, caring communities created.

Our informants led us to understand that institutions can play a primary role in making the necessary connections.

Those connections can be facilitated by people who provide a human service function: local government officials, governing boards of service, agency administrators and workers, and the media.

Three kinds of connections were suggested to us:

1. That the treatment of the most needful children — those who require care in a resident institution permanently or for an extended period of time and at a distance from home — be extended to the family so that the family can share in community life despite the special responsibility for their special child.

2. That institutions that do not require permanent residency break down the barriers between the institutions and the community.

3. That whenever possible children be released from institutions, and that the institutions assist those children, as well as their families, in becoming integrated into their neighborhoods and surrounding community.

The impulsion must develop both from the community and from the institutions engendered by the community. Human service workers of all sorts — nutritionists, youth leaders, representatives of the mass media, governmental and institutional board members, volunteers, professionals, community service workers and organizers, Cooperative Extension agents, teachers, scholars and technicians — have roles to play that are definable at the local level.

One very discouraging aspect of our interviews was the almost unanimous admission that the institutions that are harboring abuse are functionally outside the boundaries of full accountability and monitoring. Self-correcting mechanisms are not even marginally effective. Administrative redress is generally unwieldy at best.

It gets down to this: institutions need to be well integrated into communities, and communities need to take direct responsibility for their children — even in a society that Bronfenbrenner points out gives no rewards for such caring. ◻

Q: Isn't money a small part of the problem of institutional child abuse? A: No.

Douglas Besharov, director of the National Center on Child Abuse and Neglect, was interviewed by Media Services radio specialist Michael Veley during the National Workshop on Institutional Child Abuse held recently at the N.Y. State College of Human Ecology, Cornell University.

Q First of all, what is your definition of institutional child abuse?

A There is no single definition. Institutional child abuse ranges from acts of beastiality and brutality, unreasonable and terrible corporal punishment, murder and sexual abuse, all the way to what may be the most pervasive form of abuse: the failure to adequately plan for and treat the long-term needs of children living in residential institutions.

Q How serious a problem is institutional child abuse in the United States today?

A We have no numbers as yet because institutional child abuse, like child abuse performed by parents, occurs behind closed doors. But we do know from the glimpses we've seen that it is a widespread problem involving many young children.

Q Some people say that the most serious form of abuse is institutionalization itself. Do you agree with that?

A Sometimes it can be, but I also think that the institutions are a necessary and very constructive mode of helping and caring for young people.

Q Are some types of institutions more likely to provide an environment for child abuse than others?

A Yes. I think the wisdom, which is both scientific and commonsense, is that the larger an institution is the harder time it has having heart and compassion. Federal standards recommend, and I personally feel, that institutions really should not be large congregate centers because such places breed inhumanity.

Q Why is child abuse, both in institutions and the home, so widespread today? What are some of the causes?

A Probably the most significant cause of institutional child abuse and neglect is the fact that it costs a great deal of money to care for children properly. If institutional care for one child for one year costs $50,000, clearly it is difficult to deliver quality care in a time when there is great pressure on state and local tax dollars. And so I think money is a major problem. But I would be remiss if I didn't say there is also a tendency to shuttle people off into the background — people who are ugly or uncared for or unattractive. Many of the abused and neglected children, many mentally retarded children or handicapped children can be pushed aside. It's not just lack of money, but also a lack of humanity.

Q Do abused children tend to be abusive parents when they grow up?

A Although the scientific information is not yet in, it's clear that many, many parents who abuse their children were themselves abused as children. There are other social costs. Many violent criminals, many murderers, many muggers were abused and neglected as children. The evidence isn't in, but it appears there is a relationship between a positive, nurturant upbringing, a safe environment, and absence of later violent activity.

Q What are some of the goals of the National Center on Child Abuse and Neglect concerning institutional child abuse?

A The National Center's role is one of assisting others. We don't provide direct services. We help state and local agencies provide them. We are attempting with this [The College of Human Ecology's National Workshop], the first of our major activities related to institutional child abuse and neglect, to draw attention to the problem, to engage the interests of professionals, and from there to build our knowledge and then to help others use that knowledge to improve preventive and corrective programs.

Q Would a law similar to New York's law on reporting child abuse in the home be beneficial if adapted to institutional child abuse?

A It's sure to be a complicated process, and the law will have to change somewhat in relation to institutional abuse. But yes, I think that ultimately we will have to have a law that says that certain types of professionals must report the brutality they see in institutions. Lord knows there should be no objection to that.

Q Who actually is responsible for an abused child in an institution? Is it the institution or the staff member who might abuse the child?

A Aren't we all responsible?

Q You mentioned that money was a problem, but isn't money really a small part of the overall problem?

A No.

Q Will you explain?

A It costs money to have high quality institutions. If we want them, we'll have to pay for them.

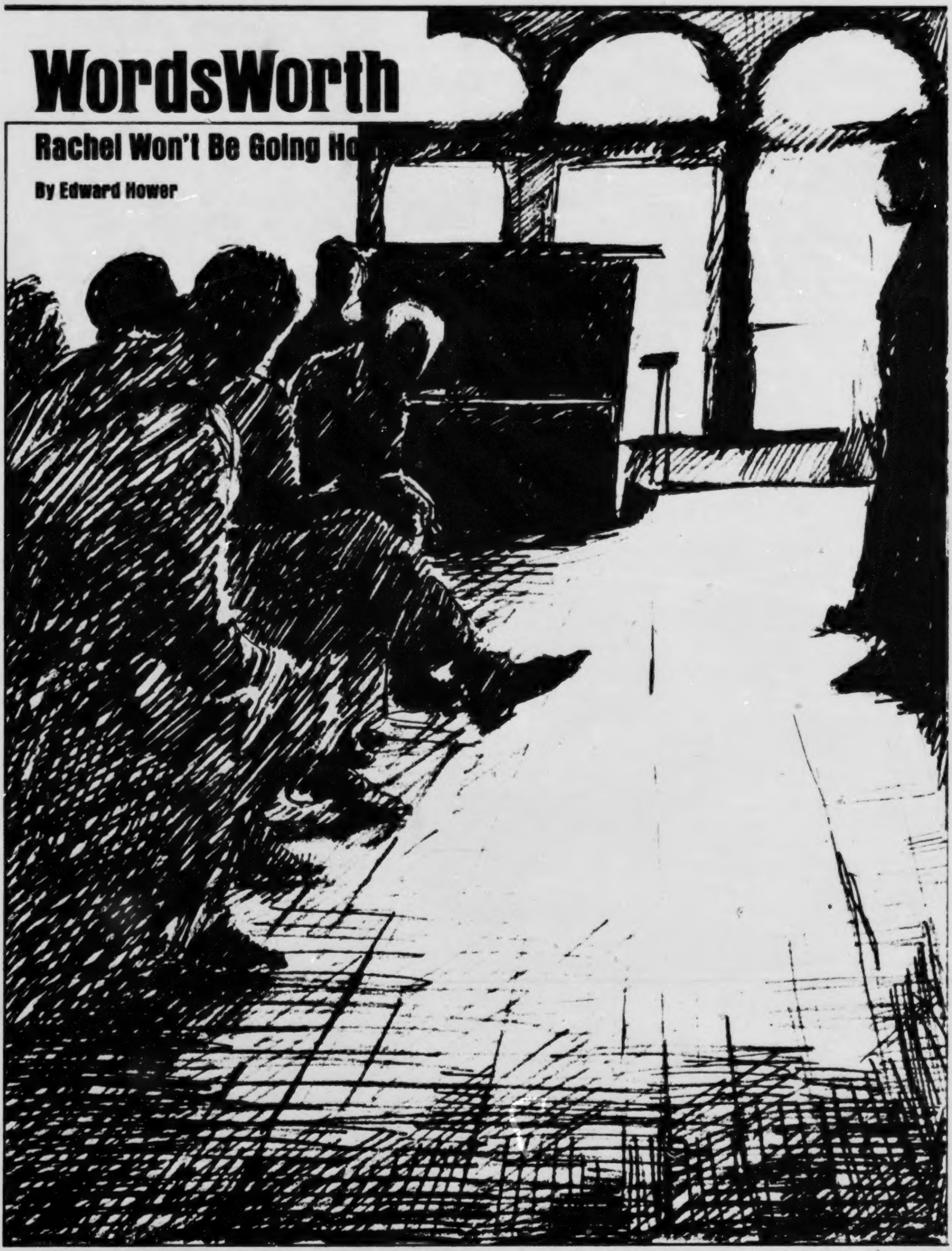
Q Are institutions basically understaffed today with unqualified people?

A I can't generalize, but I can say this: if you have a person who is paid $4,800 a year to serve as a caretaker to children in an institution, yet a welfare client can receive $5,600 a year just by having children at home, I think you have a serious discrepancy. That says something about the quality of care that will go on in institutions. ◘

WordsWorth

Rachel Won't Be Going Ho

By Edward Hower



Ted has made an appointment with Rachel to tell her the bad news he's learned from her aftercare worker, who has had contacts recently with her family in the small Canadian border town where she lives. Ted and Rachel go downstairs and find an empty office to talk in. Rachel has been on edge for weeks waiting to find out if she can go home on a trial visit. She's been speaking up in group sessions, going to school regularly, avoiding arguments, and she deserves a trial visit. Ted has to tell her that she can't have one.

The office is small and bare: two wooden chairs, a desk, and some videotape equipment on the shelves. Rachel sits down gingerly in her chair. She has a look on her plain country face like that of a puppy not knowing whether to expect a biscuit or a kick in the mouth.

"Rachel, I'm afraid I'm just going to have to tell you this straight," he begins. "It's the only way I can figure out to do it." As he tells her, she sets her lips tight and stares hard at the wall. The kick doesn't hurt so much that way.

Rachel's mother has been taken to court, charged with neglect, and had her two daughters — Rachel's younger sisters — removed from her home. The court learned that Rachel's boyfriend, Bobby, has been sleeping with Rachel's sisters and has gotten the thirteen-year-old one pregnant. Also, Rachel's seventeen-year-old brother, a friend of Bobby's, has been sleeping with the sisters, too. Rachel's mother apparently made no efforts to control her daughters' sexual activities, because they took place during parties in her living room, while she was at home.

Rachel's face is ashen. She shakes her head slowly, mechanically. "That can't be true. It can't be, Mr. Hower. . . ."

"I'm sorry, Rachel."

"I knew about Bobby. I mean, with my sister. I wrote my mother not to press no charges against him, because he wrote me he still cared about me and still wanted to marry me."

Two tears rolled down her cheeks. They reached the corners of her mouth at the same time. "I guess he couldn't keep his word. He just couldn't keep it."

"I guess not."

Silence. The office is hot and close. Rachel unfreezes for a moment, not to acknowledge the tears and wipe them away, but to light a cigarette. Ted lights one, too, and now the air is unbreathable. But neither of them feels like getting up to open the door. Rachel fixes her gaze on the wall again.

"My brother stopped doing that," she says, finally.

"With your sisters?"

"Yeah." She glares at Ted, the faintest glimmer of defiance alive in her eyes.

"I wish that was so. But it's not what your sisters told the police."

"They said that? To the cops?" Two more tears start down Rachel's cheeks in the damp grooves of the last ones.

Ted tries a few consoling remarks, but she just keeps smoking and staring, her expression as blank as the videotape lenses staring back at her from the wall. He makes one last try. "You must be fed up, suffering for other people's mistakes."

"All my life," she says. "I've always gotten punished for other people's mistakes. When my father was alive, he was always making me suffer for his mistakes. He'd come home and beat up my mother, and if any of us kids said anything to him, he'd beat us up, too. I learned to keep my mouth shut. It didn't do no good, really. I wouldn't get beat so much, but my mother was always accusing me of trying to kiss his ass, trying to be his favorite, and stuff like that. Like it was my fault he gave her a hard time. So I didn't say nothing to her, either."

"You took a lot of blame. Were you angry about that?"

"I don't know, I just kept my mouth shut. Anyway, after my father died, me and my mother, we always got along good." A long cigarette ash falls into Rachel's lap and rolls onto the floor. "One person makes a mistake," she says, "and everybody's got to suffer. Home's no different from this goddamn place." She gives Ted a bitter look — he's the one who holds the group responsible for each member's behavior. "If my mother's such a bad mother, how could she have raised me?"

"If I had the answer to that one. . . ." Ted shakes his head. "All I know is that you've done very well here. Everybody's proud of you. I admire you a lot for what you've done here."

Rachel turns away. She's got too much on her mind to be affected by any compliments from him. "You're going to tell me I can't go home, now, aren't you? Not for a visit, not for when I'm released."

"There's no way I can send you home. The court wouldn't allow it. But as soon as we can find a foster home —"

"I don't want no foster home."

"Okay. There are group homes, too. Like the one Janet's going to. I'm sure you could get in." He tells her about the residential group homes run by the state. There are only seven girls in each, and two group sessions a week instead of five; you can go out on dates and get jobs after school and have your friends over —

"I ain't going. I'm going home." Rachel sets her jaw tight.

"You want to live with your mother."

"Yeah. I ain't going to let nobody else try to take the place of my mother. I know I can't say anything to defend her, but that's what I want. I want to go home."

They stare at each other. The defiance is coming alive in her eyes again, but it's a tired reflex, a chipped tin rabbit in a shooting gallery popping up to be shot down again.

He's not going to shoot it down. "It's been a rough afternoon," he says. "I'm not going to argue with you, there's no point. You think about what you're going to do when you're released. I'll arrange it as soon as you tell me." He feels like hugging her, but he knows that shows of affection from staff terrify her. Instead, he will call Sonia upstairs to come and talk with her. She'll cry in front of a woman. Then, when she has cried for several days, she'll come to him with the same ashen look on her face and tell him that she's willing to try a group home. ◻

Edward Hower is a fiction writer who has worked in a residential center for troubled youth in Upstate New York. This is an excerpt from his novel-in-progress, Like Weeds. *Hower is currently working under grant from the National Endowment for the Arts.*

Lifeline

This Lifeline is a roster of the participants in the first-ever National Workshop on Institutional Child Abuse. Sponsored by the U.S. Department of Health, Education and Welfare through cooperation with HEW's National Center on Child Abuse and Neglect, the workshop was organized and conducted by the Family Life Deveopment Center of the Department of Human Development and Family Studies in the New York State College of Human Ecology at Cornell University, June 5–8, 1977.

The listing of participants under different categories is somewhat arbitrary; it merely reflects the working seminars each person was assigned to. It does not necessarily indicate an individual's special area of involvement.

A remarkable aspect of the National Workshop is that, by intent, the participants came away from the meeting with an orderly exposure to each other's viewpoint. The group is unique, then, in its exposure to knowledge and information about institutional child abuse in the United States.

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Topical Storms

Recommendations To End Institutional Child Abuse

Large institutions are not good for children. That was the consensus among the 80 professionals who attended the National Workshop on Institutional Child Abuse at Cornell in June. They made 16 major recommendations aimed at eliminating the physical, emotional and intellectual abuse of children in institutions.

The recommendations are:

- Halt the construction of all large institutions for children.
- Replace existing large institutions with smaller institutions located near large cities.
- Treat children in their own homes whenever possible.
- Place children in a homelike setting — such as a foster or group home in their community — when they must be removed from home for their own safety.
- Keep mentally retarded children out of institutions.
- Jail only those juveniles who have committed violent crimes; never incarcerate 'status offenders' who are 'guilty' of acts such as truancy that would not be punished if committed by adults.
- Encourage private, competing agencies — not the government — to develop community child services; insure that those agencies are answerable to the communities in which they are located.
- Develop voucher systems — money that moves with each child — rather than financing institutions directly.
- Educate parents, neighbors and volunteers about the need for day care, group homes and halfway houses in their communities.
- Limit the size of institutions to 20 beds or less; provide one staff member for every three children.
- Establish standard rights and advocacy programs for all institutionalized children.
- Train institutional staff on their responsibilities in insuring children's rights.
- Allow the children the right to refuse treatment without being punished; require institutionalized children to do only what all children must do, such as attend school.
- Abolish the use of corporal punishment, drugs and isolation as restraints in institutions; use crisis intervention teams instead.
- Establish independent agencies in each institution that would have the power to investigate complaints about abuse and hold public hearings; report complaints about abuse to parents and police.
- Require all people dealing with child care services (including judges) to visit institutions for children; educate all child care personnel in children's rights.

Darkness covers me like a blanket
Only I don't feel warm and secure
There's a ringing in my ears and a
rhythm
in my body that tells me things
are
not alright
I feel down and I mean down
The various thoughts in my head
draw closer together and tangle
within each other
But they don't form one solitary
thought
They increase and scream
and yell and go around
in my head until I'm ready to
scream
I close my eyes and I feel as if
they're all coming down on me
— smothering me
I feel small and tiny
Just lying down I feel helpless
as my body takes on a whole new
image — a completely different
shape
Sometimes I feel like I'm growing
too - bigger and bigger until I'm
ready to explode
But then
It goes away

The National Workshop on Institutional Child Abuse was conducted by the Family Life Development Center, a resource demonstration project on child abuse prevention located at the N.Y. State College of Human Ecology, Cornell and was funded by the National Center on Child Abuse and Neglect, U.S. Department of Health, Education and Welfare.

Participants represented child advocates, former inmates, social service agencies, labor unions, the White House, state and federal regulators, community groups, universities as well as institutions.

They placed the blame for current institutional problems on communities that want mentally retarded and delinquent children out of sight, and on a system of financing and staffing institutions that encourages the institutions to hold on to children rather than treating them for release.

Both the child and the community suffer, said Frank Schneiger, director of the Protective Services Resource Institute in New Jersey. "The child loses identity, the ability to make friends, family and cultural ties, family values, and suffers a great deal of unhappiness," Schneiger said. "Communities lose the capacity to deal with differences and diversity."

Louis M. Thrasher, director of the office of special litigation in the U.S. Justice Department's Civil Rights Division said that "Children should never be institutionalized for care and treatment unless every other alternative has been exhausted."

Unfortunately, he said, the current system not only puts children in institutions but guarantees that many will stay there for years. "All the economic incentives go to holding on to the body of the child," Thrasher explained. "The longer they have it, the more money they get. There ought to be guarantees that unless a child care agency meets specific goals by specific dates, it must give up the child to a more normal setting." □

Jim Titus

Editor's Choice

Instead of Prison

In the beginning, there was no grand design or very much prior planning for closing down the juvenile training schools in Massachusetts. The ingredients present (in 1972) for permitting the decarceration to become a reality included: A governor who wanted a new and humane way of dealing with children committed to the state's care. Progressive legislation which created a Department of Youth Services (DYS) under a super agency of human services and empowered the DYS commissioner to place youth in any institution or program. Key media support. Active child advocate groups. A new, creative commissioner, Dr. Jerome Miller.

Dr. Miller was appointed in October 1969. Quickly he became convinced that the juvenile institutions in Massachusetts could not be humanized. He proceeded one by one to shut them down:

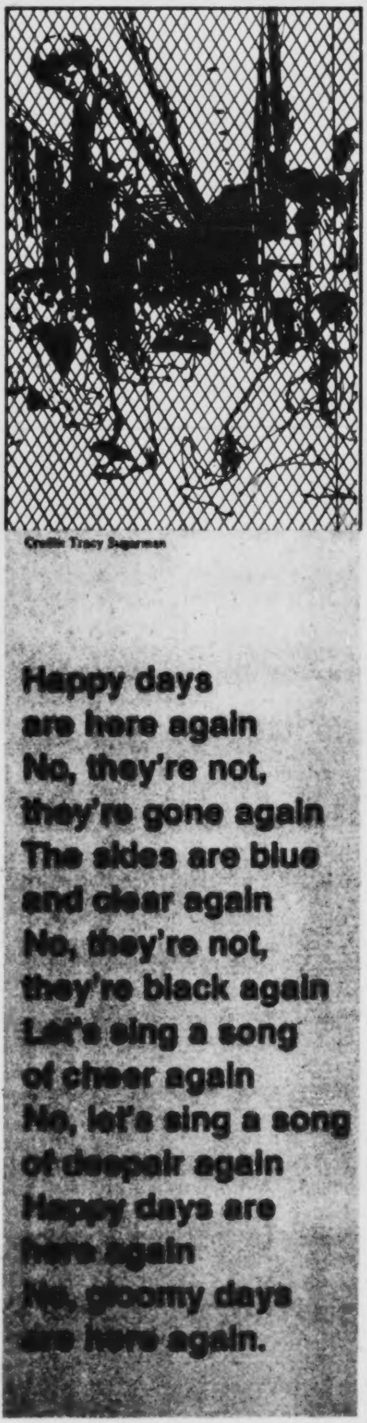
- August 1970, the Institute for Juvenile Guidance at Bridgewater Correctional Unit was closed. This institution had handled the most difficult and obstreperous youth in the system. Most of the 60 boys were sent home on parole; 12 who had been committed for major violent crimes were housed in a cottage on the grounds of Lyman School.
- March 1971, the entire population of Oakdale, boys seven to twelve, was paroled.
- By April 1971, the average time served in training schools had been cut from eight months to three months. The average daily population had dropped from 1,200 youths to under 400.
- December 1971, the Industrial School for Boys at Shirley was closed. Most of the children were paroled; a few were transferred to Lyman. As part of his public information campaign, Dr. Miller and some of the youngsters sledgehammered the bars of the segregation cells in the disciplinary unit.
- January 1972, with only 20 days of planning, Lyman school was closed. Arrangements were made to house 39 youths temporarily in a dorm at the University of Massachusetts at Amherst.
- The remaining male juveniles in custody — 60 youths from Lancaster Training School and two reception centers, Westfield and Roslindale — were also sent to the University of Massachusetts. They remained there for a month, each working with a student advocate.
- July 1974, the last juvenile institution was closed: a cottage at Lancaster which housed 20 young women.

Thus was the Massachusetts juvenile prison system entirely dismantled. The swift closing of institutions forced the development of dynamic alternatives to meet the needs of the youngsters. The wide range of community programs permitted enormous flexibility for program shifting. The administrative system was decentralized, with seven regional offices set up to make all decisions about individual youth placements and needs. Almost all services for the juveniles were contracted from private agencies, resulting in the creation of a wide range of community programs.

Volumes are being written about the "success" or "failure" of the experiment. Nonetheless, for prison abolitionists, Miller's very act of decaging and his willingness to take the risks involved, stands as a symbol of daring and courage.

The Attica slaughter and the Massachusetts juvenile experiment occurred in the same half decade. One response, a symbol of the state's brute power — elimination by death of prisoners and hostages. The other, a human response — elimination of the cage for most of those caught in that system. □

From Instead of Prisons: A Handbook for Abolitionists, *Prison Research Education Action Project, by Fay Knopp, Coordinator PREAP and Jon Reiger, Executive Director New York State Council of Churches (pp. 85–86); © 1976. Address orders to PREAP, 3049 E. Genesee St. Syracuse, NY 13224. Reprinted with permission.*



Credit: Tracy Sugarman

Happy days
are here again
No, they're not,
they're gone again
The skies are blue
and clear again
No, they're not,
they're black again
Let's sing a song
of cheer again
No, let's sing a song
of despair again
Happy days are
here again
No, gloomy days
are here again.

Human Ecology Forum

Institutional Child Abuse: Part Two

About This Issue

This is the second in our two-part series on institutional child abuse. Our aim from the beginning has been to provide an open platform for discussion. Institutional abuse has only recently been acknowledged as being both serious and growing. Our purpose is to avail human service workers of current perspectives and extant resources that can be applied to the needs of communities and institutions.

Our stimulus was the organizing of the National Workshop on Institutional Child Abuse — the first of its kind — conducted in June 1977 by the N.Y. State College of Human Ecology's Family Life Development Center at Cornell. Initiated by HEW's National Center on Child Abuse and Neglect, the workshop brought together nearly 100 government officials, child advocates, legal authorities, institutional employees' representatives, human development researchers, institution administrators and others invited to share common knowledge and to impart that knowledge to the National Center and to thousands of human service professionals concerned with the welfare of children in institutions.

In our first issue, we concluded that, in spite of very favorable changes in policy and law that aim to protect the rights of children in institutions and to return as many children as possible to a normal life in their own communities, our society is proving inadequately committed to protecting children. Our informants — including everyone from top federal officials to institutionalized children — led us to discover three fundamental shortcomings. Institutions housing children are generally denied adequate human, technical and fiscal resources to assure the well-being of children. There are inadequate ties between institutions, communities and families of committed children. And the prevailing attitude still persists (among the general public and, unfortunately, the human service community) that society is better off with troubled and handicapped children tucked away out of sight and out of mind in institutions far removed from the normal life of the community.

The recommendations developed at the National Workshop (see HEF Vol. 8, No. 1) would, if implemented, do a great deal to improve the lot of children now institutionalized and to provide community centered services for children who are better off outside the confines of

Trapped

Trapped in a car tire. I'm inside the tire, and the car is driving down a highway. I'm going around and around — I'm getting dizzy. I'm very scared. It's very cramped inside the tire, and I can't breathe. The roads are very bumpy, and it's making my stomach upset. Then the car enters a construction sight. The roads are torn up — the car is going fast, and the tires are turning faster. Then the tire rolls over a rock and gets a flat. The car stops and the man comes to change the tire. When he gets the tire off the car, he lays it on the ground. I see light, so I follow it and find it leads outside. I get out and climb onto the back seat of the car.

The man finishes and gets back into the car. When we get to the City, I wait until no one is looking and climb out and go home, remembering to stay away from car tires.

residential institutional care. In this issue we continue the forum from a different perspective. Here our concern is not so much with abuse inside the institution as with an abusive society. We hope that the resources provided here give insight into the plight of children who are, as one article explains, aliens in their own land. We also look at the constraints and potential breakthroughs that directly affect the human services. To do this, our staff and contributors have gone to the hallways of government, institutions, and academia and into the minds of the children, the human service professionals and the public officials.

Two themes are inadequately explored in our issues and should be identified before we give cloture, for now, to the topic of institutional child abuse. The first is that in this abusive society we must be concerned about our conscious and unconscious intolerance of children we see as "different." The second is that we must become aware that while we proclaim that the human services are here to help the needful we "use" them, in a societal sense, to bring the needful under social control.

Our exploration has been confined to institutions for "abnormal" children, whether so labeled because of physical or mental handicaps or because of their tendency in someone's point of view to be "antisocial." We have ignored the direct and indirect child abuse that takes place because of the nature of the educational system and its institutions. Yet the image of the human service worker as social control agent is most strongly drawn in the field of normal education. Two writers in the College of Human Ecology, Don Barr and Virginia Vanderslice, have underscored the point. Troubled students, they observe, are provided in educational institutions with a range of counseling services. If the institution's goals are carefully examined, they contend, it is discovered that the counselor's job is to bring the dysfunctional student into harmony with the institution's mode of operation. Should this harmony be beyond the counselor's ability, the student is deemed better off denied a place in the institution. When that happens, we suggest, the student is put at high risk of becoming an alien among us.

Barr and Vanderslice propose that the counselors who look instead at the needs of students in terms of how the institution might change to meet those needs (perhaps the dysfunction of the student derives from the dysfunction of the institution) will find themselves in harmony with the troubled student but at odds with the institution. By putting counseling above the exercise of social control, the counselors become dysfunctional in the eyes of the institution: they lose their jobs. This is just another form of alienation born of the penchant of individuals, families, institutions and the general public to narrow membership in our society by constricted rules of inclusion.

By implication, the rule that human service workers are primarily agents of social control (in the same sense as truant officers, the police and prison guards) instead of servants of individual change and growth may be the cause of the perpetuation of a system that puts more and more children in the category of aliens in their own land. Hence the themes of social control and social alienation become intimately linked, with one perpetuating the other.

Theoreticians we've talked to during the past year seem to divide into two camps: one camp would have us cut through the dilemma by placing a series of external pressures on institutions and, through them, on localities that will force a change. This is one consequence of "deinstitutionalization" with its concomitant injection of "aliens" into communities. Two pressures are engendered: existing institutions are becoming populated with extremely stress-ridden children that the staffs are not necessarily equipped to serve, and communities (with most of the burden falling on community based institutions) are becoming populated by children who have already lost good social coping instincts.

The other camp sees the dilemma as beyond resolution until families, schools and neighborhoods (along with community structures of all types) decide by some moral leap to take responsibility for all children regardless of "deviance" from current community norms.

Both camps seem inspired by a realization that the tax support for needful children — for all children's needs in fact — is headed downward or is shifting to new formats that put the fundamental responsibility in the community. The shame of child abuse, in and out of institutions, according to our informants in both camps, does flourish in the absence of a blind willingness to spend money to eradicate it, but it flourishes equally on a blind inhumanity at the most local level that demands that highly troubled children, so visible when around, be made invisible.

Whatever the governmental initiatives at the federal, state and local levels, for the time being at least, those providing direct services to families and children in need are the ones fighting the backgame. We hope the resources our special issues have enumerated are of use to all the helping professions. Through legislation and initiatives in child protective services and other activities in the Department of Social Services, in the Division for Youth and in the Department of Mental Hygiene, along with a range of technical support services from the State University units, including the College of Human Ecology and its Family Life Development Center and other programs, the State of New York is providing models for assisting frontline direct-service agencies. As we note in this issue, research and consultative services from Human Ecology are feeding directly into consideration of family impact analysis and development of community based improvements in the ecology of families.

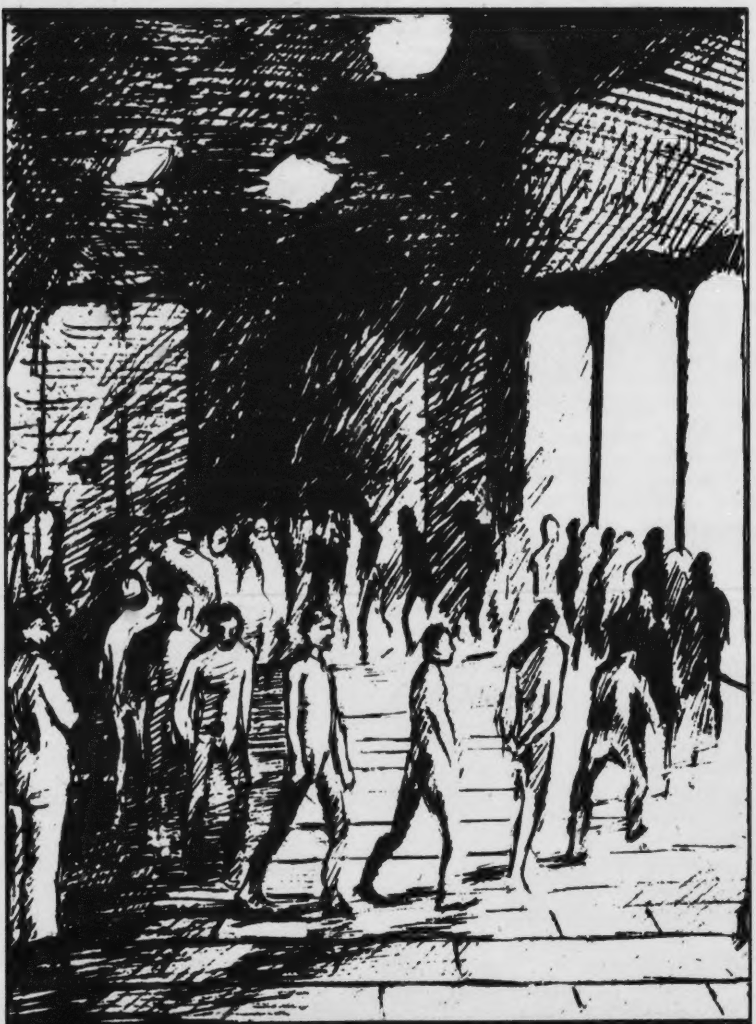
These are hopeful signs not just for families and communities in New York but also for the country at large.

It has been difficult to find optimism anywhere. Institutional abuse is on the rise, and new reporting techniques are revealing larger and larger statistics of child abuse in families and in such shocking categories as the exploitation of children in pornography. A million children run away from home each year. If New York statistics hold for the nation, there are at least 250,000 children maltreated according to authenticated reports, with uncounted others maltreated who do not show up in any reports. Hundreds of thousands of children are institutionalized in circumstances where it is difficult to prevent abuse or neglect in some form. As Kaaren Gaines implies in her article, the runaways are either already victims of abuse and neglect or risk becoming victims by their peculiar alien status. As Drew Krauss points out, deinstitutionalized children are so scarred by their experience that they run the risk of maltreatment throughout their lives.

We feel compelled to join Urie Bronfenbrenner in his optimism that the positive values in our national life will prevail to bring "irrational caring" (the antithesis of "doing your own thing") for all of our children. How we get from a "me-first" attitude (cf., "The New Breed," p. 12) to a commitment that "We're in this together" remains to be seen. □

I am a tooth

I am a tooth.
I'm stuck to some gum.
I'm white and holey.
I wanna be clean.
I dream about getting cavities,
getting pulled out —
Nightmare, when I eat the school's food.
I wanna bite you.
I am sweet.
Look out — here comes the dentist!



A Tale of Willowbrook

By Drew Krauss

The movement to "deinstitutionalize" has been under way in many states for several years. Ideally it refers to the process of shifting the care of our mentally ill, developmentally disabled and otherwise troubled citizens from large state-run hospitals and schools to smaller, more human-sized agencies and special homes scattered throughout the various communities of the state. In the past several years I have obtained a limited front-line view of the reality of deinstitutionalization as it applies to the mildly-to-moderately retarded and to the long-term "chronic" mental patient. In 1970 I worked at Willowbrook State School on Staten Island. My stay there was sandwiched between stints at Greystone Psychiatric Hospital in New Jersey and Brandon Training School in Vermont where similar deinstitutionalizations of programs are under way. In each case I worked as a ward attendant or the equivalent.

Today I'm employed as a group leader at Meadow House Adult Day Center in Ithaca, New York. Often our task is to deal with the problems faced by the long-institutionalized when they re-enter the community. Some of the people I work with now were, in fact, Willowbrook residents prior to their assignment to the Ithaca area. Although I have yet to run into anyone from Building 5 where I worked, some people tell me which building they lived in, and I catch a mental picture of the place and the kind of residents who lived there.

Recently I have tried to tie my experience of institutions and deinstitutionalization together (taking stock of where I am now in my work) by remembering the way it was for me at Willowbrook. I have been revisiting the scene (in my mind at least) of my introduction to this world of outcasts.

Willowbrook was called a school, but it was populated by every category of person classified as retarded, including people of all age groups, from infants to the elderly. This meant that there were some full-grown residents who functioned at the level of babies and others who were only marginally below the intellectual norm for their ages. When I was at Willowbrook only a relatively small number of the 5,000 residents received any-

thing that might be called schooling.

What I see most clearly of Willowbrook is not the building I worked in but the halls of the infirmary ward. They were filled with little wooden carts set on two spoked wheels. The carts came and went quietly attended by black men and women dressed in hospital whites. Inside the carts were contorted little creatures, impossible tangles of tiny twisted limbs with open sores where bone and flesh were in constant contact with the wood. Their great round heads were motionless for the most part but the eyes, incongruously beautiful, were always looking.

It is not hard to understand how such people have been ignored by the rest of us. To keep them in the community would require a commitment of love that very few are able to muster. As long as there are such unfortunates there will be some sort of government facility to care for them. We can make the institutions decent, smaller, and more humane, we can provide the residents with dignity but we can never overcome the ineffable sadness of their plight. But very, very few of those designated as retarded or developmentally disabled fall into this category of total dependence on institutions. After working at several institutions, I take it as obvious that the people we call "retarded" are more normal than abnormal and that the behaviors that separate "them" from "us" derive from their own survival responses to the systematic brutalization they have suffered in institutions. For the vast majority of residents in my experience, institutionalization itself is an abuse.

I started at Willowbrook in the spring of 1970. I was a conscientious objector doing alternate service and as such was about the only young white college boy in my job. My building was divided into four wards, each holding 20 to 60 boys segregated according to age and, to a lesser degree, functional ability. Downstairs were the younger boys; I worked upstairs with teen-aged boys officially labeled as mildly or moderately retarded. None of them needed to be there.

The first thing I did on my shift was to pick up my keys at the station in the downstairs foyer. The keys were important both for locking out and locking in. I realized the first day that we attendants were keepers in a prison. The residents knew they were inmates. Our chief job was to control them like a sheep dog controls a flock. Our weapons were our bark, and if necessary, our bite. But, of course, it never really worked because the residents were human beings and did not tend to act like sheep. They battled us. They battled being a herd. They scrambled and scratched for every bit of attention, every advantage they could get. Staff and residents were partners in a ritual of reward and punishment that left both sides deeply scarred.

The major test of each and every day was the trip to the cafeteria. We had to shape up the residents behind the locked door of Ward C, march them down a side stairway to another door, unlock that and then proceed over a grassy hill some 200 yards to the dining hall. There were 2 or 3 attendants and some 50 boys. The technique used to accomplish the transfer with a minimum of incident had been mastered by the veteran attendants in Building 5.

The trick was to make the residents fear you and hate you just as a recruit hates his drill instructor. It consisted of routinely going up and down the line cussing out, slapping, ridiculing and otherwise abusing individuals almost randomly, since the element of surprise was an important ingredient in engendering the necessary fear. Attendants could show no quarter, no softness, unless they were completely in control. And the attendants were always afraid because a resident's anger, so long supressed, could and would explode at any sign of weakness in the staff: roles could quickly be reversed.

The residents were not criminals nor were the attendants inherently evil men. Staff and residents were acting out a pattern of relationship that had been established long before any of us had arrived on the scene. I walked into this situation physically afraid of the violence inherent in almost any interaction in the ward and emotionally terrified of tapping the reserves of violent rage in my own heart. I found myself torn between my disgust at the brutality of the system I was working in and my need to feel I belonged in the staff.

In 1970 Willowbrook was poor and non-white. In my building three-fourths of the residents were black or Puerto Rican and almost all came from poor families. The staff consisted almost entirely of middle-aged black men and women from the city, many of whom had been working two jobs for years to make ends meet. We weren't paid much. Most of us had to travel long distances by ferry, train, or car to get to and from work. Many of us were always tired, overextended. There was a quiet bitterness: the staff weren't getting any breaks, just a couple of stingy paychecks, so there wasn't much left for them to give.

The residents, the "kids," knew what the score was: to get away with what you could because that was all you were going to get. If you were strong and aggressive you would intimidate the other residents and conduct guerrilla warfare against the staff. If you were weaker but perhaps smarter you survived by ingratiating yourself with those you feared most, playing staff and stronger residents against each other.

Some of the residents wound up playing the role of "girlfriend" to the leaders of the ward. They were softly feminine in appearance and passive in their interactions with their boyfriends. There was sex between boys on the ward, but it was mostly hesitant groping because although most had the sexual desires appropriate to their ages, few had learned what sexual intercourse was. Without question, they were never going to get any sex education in this setting. Their gropings were either laughed at, ridiculed or punished with confinement or extra work duties by the staff. Still, whether you were on the top or on the bottom sexually as a resident in this ward was a significant expression of your status in ward society.

In this system I was quickly tested by the residents. The aggressive leaders decided that I was "on the bottom" and acted accordingly. Any time I was left alone with the group I was challenged, tested, insulted, ridiculed. Many times I had to control a roomful of residents

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The author has worked for several years with the mentally handicapped in a variety of institutional settings. He is a group leader in Meadow House, a day center for mentally disturbed and handicapped adults in Ithaca, N.Y. He had his first staff position with handicapped clients in Willowbrook.

more

myself. At these times the tough guys would break all the rules and confront me with a fist fight if I tried to stop them. More than once I backed down from a curled lip and a drawn back fist. Each time I did my anger grew closer to the bursting point.

Finally it happened. We were giving showers as usual on a summer evening, having the boys strip in the bare cavernous day room, then herding them two or three at a time into the shower stalls, finally sending them out to dress in PJs and get into bed. Each of the four attendants had to control his own sector. I was in the shower room acting as monitor. A self-styled little tough guy was indulging himself with waving his penis at me and inviting me to "have some fun with it." I stepped into the shower and hit him across the mouth as hard as I could. He shut up, and I felt a wave of satisfaction. I could feel the approval of the other attendants. There was a quiet nodding of heads from the other sectors. It was the moment of my true induction into the system. I quit a week later.

That's the ugly residue of my days at Willowbrook, but there are happier memories. I remember the tall, good-looking, older teen-ager, McCoy (not his actual name) who was fascinated with learning the planets revolved around the sun and contemplating the incredible distance from us of the stars. He had retreated from the rough-and-tumble reality of the ward into his own world of magic and mystery. He was astounded and ecstatic that I was willing to discuss his speculations with him. He began to return every day from the classroom with a new idea or snippet of information to share with me. I remember Perez (also a fictitious name) who looked softly at me one night and said "Mr. Krauss, you're not like the other ones, you're nice." And the night when (dues paid and battles fought) the older attendants and the boys became almost fathers and sons sharing the laughter of common experiences and the closeness of a common weariness.

Several of the clients I now work with at Meadow House are ex-residents of Willowbrook who have been farmed out to Broome Development Center and then put into Family Care in New York's deinstitutionalization drive. In my experience, the ones who successfully adjust to Family Care are the counterparts of McCoy and Perez, non-aggressive in nature. Those who demonstrate a modicum of willfulness or are at all unruly tend to wind up back in the institution, in this case, Broome Development Center. The behaviors they adopted for survival at Willowbrook have made them chronic inmates, outsiders in a society unprepared to come to terms with them.

Since 1970, all the children I knew at Willowbrook have become adults. With waves of reform still sweeping the institution, it is a good bet that most of those new adults have moved on to new care settings. Perhaps they are in family care — living with "foster" families of the same economic background they themselves came from. The movement to deinstitutionalization means that large residential facilities are on their way out in our society. The mentally retarded and disabled are bringing the problems they developed in the institutions back into the communities they came from. What an irony. They had been sent away because the community couldn't handle their behavior. Now they are coming back. Is the community any better equipped to deal with them now? How many communities even have a day center like Meadow House? Does anybody but the people who work most closely with them realize that the children of Willowbrook have the same human needs, emotions, desires and responses as everybody else in spite of their functional disability?

As a group leader in an adult day center that tries to provide opportunities for resocialization into the community for released residents of the state facilities, I know that most of them will always be institutionalized in one way or the other. Although they may lead fuller lives in many ways, the adjustment they made inside Willowbrook and places like it, will always underlie and undermine their adjustment to the outside world and will shorten the time they have left to lead a more valuable existence. □

Trapped

Trapped inside a car engine.
I'm in the carburetor.
It smells funny — like it's got a gas leak.
I'm afraid I might die — cuz of the smell.
I'm trying to think, trying to hold on.
Someone's gonna have to help me.
I'll make something go wrong, so they have to fix it.
I thought of an idea that might work.
I shall rip out the spark plug.
Someone came along and noticed
And gave me my name — Sparks.

Lifeline

Information and publications on the welfare of children in institutions are available from the following organizations. These and other organizations are listed in Social and Health Agencies of New York City, 1975–76, N.Y.: Columbia University Press, 1975, and *Encyclopedia of Associations* (Margaret Fisk, ed.), Detroit, MI: Gale Research Co., 1976.

American Association on Mental Deficiency
5201 Connecticut NW
Washington, DC 20015
(202) 244-8143
George Soloyanis, Executive Director

Studies the cause, treatment and prevention of mental retardation.

American Humane Association Children's Division
P.O. Box 1226
Denver, CO 80201

Coordinates child protective services across the nation.

Center for the Study of Legal Authority and Mental Patient Status
P.O. Box 822
Berkeley, CA 94701
(415) 526-5415
Robert T. Roth, Executive Officer

Acts as a research center and clearinghouse for information on mental institutions, psychotechnology and law. Promotes mental patients' right to refuse mental institutionalization and opposes psychotechnological experimentation on human beings.

Child Abuse Listening Mediation (CALM)
P.O. Box 718
Santa Barbara, CA 93102
(805) 963-1115
Enid L. Pike, Executive Director

Attempts to prevent child abuse by reaching abusive and potentially abusive parents through 24-hour listening service.

Child Welfare League of America
67 Irving Place
New York, NY 10003
(212) 254-7410
Joseph Reid, Executive Director

Devotes its efforts to improving care and services for deprived, dependent, neglected children, youth and their families. Provides consultation; maintains a reference library and information service.

Educational Guidance Center for the Mentally Retarded
1235 Park Ave.
New York, NY 10028
(212) 876-1609
Duke Funderburke, President

Provides vocational training, counseling, speech therapy, recreational, social and cultural activities to "enhance the capabilities and potentials of all age groups and levels of mental retardation."

End Violence Against the Next Generation
977 Keeler Ave.
Berkeley, CA 94708
(415) 527-0454
Adah Maurer, Executive Director

Promotes the elimination of corporal punishment from schools and institutions. Collects and disseminates information about corporal punishment and its effects and promotes alternative methods of raising and educating children.

International Union for Child Welfare
International Centre
Rue De Varembe, 1
CH-1211 Geneva 20, Switzerland
M. Pierre Zumbach, Secretary General

Publicizes the principles of the Declaration of the Rights of the Child (adopted by the UN General Assembly, 1959) throughout the world. Works to raise the standards of child welfare.

National Association for Mental Health
1800 N. Kent St.
Rossly, VA 22209
(703) 526-6405
Brian O'Connell, Executive Director

Devotes its volunteer services to the fight against mental illness. Promotes the training of expert personnel for hospitals, clinics and research projects. Visits hospitals and centers to assure adequacy of care.

National Association of Training Schools and Juvenile Agencies
5256 N. Central Ave.
Indianapolis, IN 46220
(317) 257-3955
Windell W. Fewell, Executive Secretary-Treasurer

Disseminates ideas on the function, philosophy and goals of the juvenile correctional field with emphasis on institutional rehabilitative programs. Concerns itself with training and working conditions of qualified personnel.

National Committee to Abolish Corporal Punishment in Schools
549 Parkhurst
Dallas, TX 75218

Serves as a clearinghouse for information, legal briefs and statistics on the abolition of corporal punishment in public schools. Promotes special funding to "No-swatting" school districts—where corporal punishment has been abolished.

National Consortium for Child Mental Health Services
1800 R St. NW
Suite 904
Washington, DC 20009
(202) 462-3755
George Tarjan, MD, Chairman

Serves as a forum for the exchange of information on child mental health services. Brings concerns to appropriate local, state and federal agencies. □

I'm Scared

I'm scared to go to my new home
But I don't want to stay here
I don't wanna leave my friends
But I don't wanna stay here
I'm frightened about going to a new school
But I don't want to stay here.

View from the White House: Federal Initiatives to End Institutional Child Abuse

By T. M. "Jim" Parham

One of my earliest jobs in institutions — thirty years ago — was as a night attendant in the juvenile detention home in Atlanta. I witnessed subtle and not so subtle abuse of children — rendered amost always by well-meaning people without conscious or evident malicious intent — people who thought they were doing what was best for these children.

Ten years after those early experiences, in 1957, fresh out of social work training, I went to Savannah, Georgia, to assume responsibility for a juvenile and domestic-relations court, the first in our state. Savannah had been a community that made heavy use of institutional care. One of the very first orphanages in the colonies was established there in the 1730s, and the tradition had continued. Juvenile matters had been supervised before our arrival by a retired major who said to me with obvious pride: "In Savannah, we are equipped to care for a child from birth to adulthood without ever having to expose it to family life."

In 1962, I prepared a report for the Georgia General Assembly and called it "A Look at Georgia's Troubled Children." Its opening page recounted a horribly bizarre tale of institutional child abuse by an obviously demented woman. That event in 1919 had formed the basis for the first state legislation to license and regulate such facilities. On the same opening page, other vignettes cited the fact that 6,000 children had been jailed in our state the previous year and that a serious children's home scandal had once again erupted.

Since that time we improved in Georgia, but having lived and worked in this field for three or four decades, I find that yesterday's goals, once achieved, often become the "jumping off" point for new goals. This is a natural and healthy process that occurs as knowledge grows, awareness expands, and expectations of ourselves and our society increase.

In the past year I found myself, by virtue of office, in the position of being a named defendant in a law suit alleging denial of rights of children in our state mental hospitals because of failure to provide appropriate, least-restrictive forms of community treatment. The plaintiffs won in federal district court. The Attorney General of Georgia has appealed the matter and the Supreme Court of the United States has agreed to review it. I and the other defendants in the case will go down in the history books for better or worse. My hope is that the result will benefit the children.

I have often been a willing defendant and have even, on occasion, suggested suits where it appeared that legislative and/or administrative remedies would be impossible in any reasonable measure, but I do not recall being consulted prior to this suit. Although I shared the plaintiffs' concerns, I have been ambivalent about using litigation as the primary approach to the issue and believe that a more considered effort at administrative negotiation would have been more productive at this stage. The state-of-the-art questions around what constitutes "appropriate treatment" still seem to me very ambiguous as a basis for the establishment of rights. A related question in the case (concerning protection for the child against voluntary commitment by a too-willing parent or guardian) seemed to me a very appropriate question for judicial review.

Last year, I found myself in the middle on two other child welfare issues: one on the rights of foster parents when a child is removed from their custody to be placed for adoption and the other on standards for facilities caring for mentally retarded children. I mention them only to suggest that long experience sobers one on "knee jerk" reactions to complex problems. The flip side of that, of course, is too much sobriety tempers the passion needed for effective advocacy. At this stage of my experience, I hope to avoid either extreme.

Federal activity related to institutional child abuse is not always easy to discern, even from my vantage point in the White House.

At the White House itself, the matter, to my knowledge, has received no specific attention as yet. The Domestic Policy Staff reports no activity. The only activity in the Office of Management and Budget has been in response to the congressional initiatives related to various legislation which would, they say, increase costs beyond the Administration's proposed budget ceilings. This, of course, is their responsibility, irrespective of the merits of particular proposals.

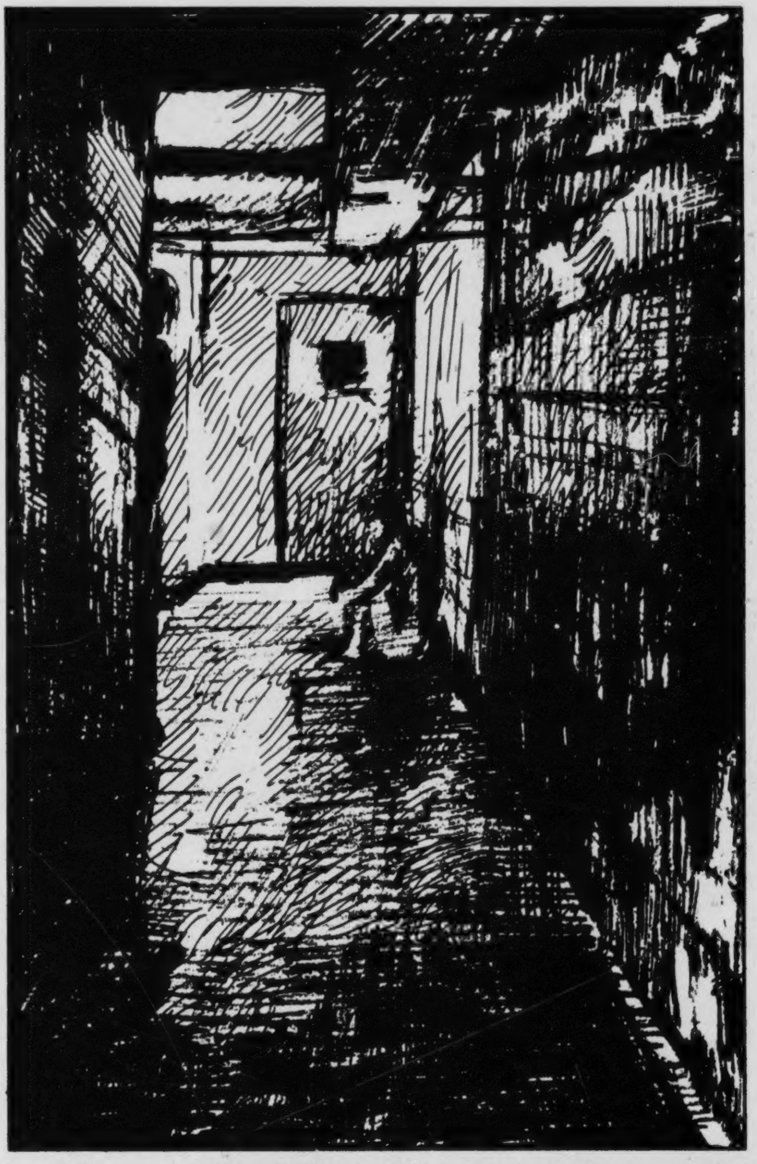
I think it can be argued that the Administration's larger initiatives in relation to creating employment, holding down inflation, achieving greater equity in the tax system, welfare reform, health, housing, etc., are related to questions of institutional care, because if they are successful, families will be strengthened and demands for institutional care will be lessened. I realize that such indirect effects are not enough to satisfy strong and single-minded advocates.

I can say from direct personal experience that the President and the First Lady are keenly interested in the issue. Their strong support, at considerable political risk, enabled us to make substantial progress in Georgia on deinstitutionalization of delinquents, the mentally retarded, and the mentally ill. One item on the agenda of the First Lady's Mental Health Commission is deinstitutionalization.

At the Department of Health, Education and Welfare, I found that a decision memorandum on deinstitutionalization has been prepared for the Secretary's attention by the Office of Planning and Evaluation. This memo is a response to the General Accounting Office (GAO) report issued in January 1977 entitled "Returning the Mentally Disabled to the Community: Government Needs to Do More." An expanded level of analysis and planning is recommended to assure that existing programs are complementary and mutually supportive rather than working at cross-purposes. The Secretary's decision should be forthcoming.

Doug Besharov has already informed readers of *Human Ecology Forum* about the new federal initiatives being planned through HEW's National Center on Child Abuse and Neglect. The Center's initial major step was in sponsoring the first national workshop ever held to explore the nature of child abuse in institutions. Held at Cornell University by the N.Y. State College of Human Ecology's Family Life Development Center, the workshop has provided professionals across the United States with information, perspectives and recommendations that will help guide future federal activities. [See HEF, Vol. 8, No. 1.]

At LEAA (the Law Enforcement Assistance Administration), Fred Nader, acting director of the Office of Juvenile Justice and Delinquency Prevention, continues to speak with great passion about the need to deinstitutionalize the status offender from juvenile facilities. That strategy continues to be their top priority; recent congressional action will apparently continue support for that goal even though it extends the period of time states are allowed to achieve 100 percent compliance. Mr. Nader spoke of the need to deinstitutionalize other than status offenders in the juvenile justice system. Both he and Martin Gula of the Children's Bureau spoke with impressive awareness of the impact of deinstitutionalization on related service systems in the community — including the schools, the manpower training system, community mental health, social services, and other forms of substitute care, to name just a few.



In the Congress, the Ways and Means Committee is supporting very significant increases in child welfare appropriations and technical changes that will allow the use of institutional foster care monies to be used to support adoption subsidy and care in public facilities of twenty-five or less beds. This amendment was sponsored by Rep. Charles Rangel of New York and supports the pattern established last year by the Keys amendment allowing SSI support for children in group homes of 16 beds or less and the Mikva amendment requiring that children under six on SSI must receive services aimed at preventing institutionalization. The GAO has just issued a report, "Children in Foster Care Institutions — Steps Government Can Take To Improve Their Care." This was in response to a request from Congressmen Miller and Brademas. Its major findings indicated that agencies frequently do not provide services to the child or his family while he is in care; states are not complying with federal regulations regarding payments; and licensing standards are not enforced consistently.

Studies of deinstitutionalization are under way in both HEW and LEAA. It is interesting to note that researchers in one study sponsored by the government are not aware of the existence of others. We need to improve communication between agencies that share an interest in issues that cut across the government's departmental boundaries. We hope that these notes on federal activities help *Forum* readers learn something about the mechanisms — administrative, legislative and judicial — that are currently in use to help improve the welfare of children in institutions, especially in these times when institutional abuse is being reported with increasing frequency. ◻

T. M. Jim Parham is Associate Assistant to the President for Intergovernmental Relations.

Time Dots: A Study in Failure

Clyde Perkins, sixteen, lay on his bunk at Fort Grant, Arizona, State Training School for Boys. "Clyde, what are these?" I directed his attention to three indelible marks on the delta of his left thumb and forefinger. "Time dots — each one means time spent in training school."

Clyde had been incarcerated almost constantly since he had first come to Fort Grant at the age of ten. "This time I'm back for parole violation, but hell, I can't find no job because of my record!" According to juvenile delinquency statistics compiled by the state of Massachusetts before it closed down its facilities, young Perkins is a classic case: one of the 88 percent whose family is at or near poverty level; one of 60 percent whose mother or father suffers from serious alcoholism or drug addiction; and one of the 33 percent who come from a broken home. Clyde's "time dots" are themselves national statistics: 74 to 80 percent of all juvenile offenders repeat crimes after punishment.

Clyde was initally charged with a "status offense" (noncriminal), the vehicle by which 50 percent of our wayward children are locked up, thereby removing them from community and parental responsibility. This young man was receiving no professional help to cope with his problems. He had learned to strip a car during his visit to Fort Grant, but that education earned him a return trip to captivity.

As I left the room, I glanced back at the bitter boy, eyes forward, elbows on knees, fingers extended, his right index finger slowly caressing the time dots on his left hand. "I just got a hateful suspicion for everyone."

In the spring of 1973, the *New York Times* did an an extensive series on juvenile justice in New York City. All the horror stories were told: beatings, forced homosexual acts, rapes, forgotten children shifted from one agency to another without help. But the most depressing aspect *Times* reporter Lesley Oelsner's series documented was the total despair of not only the children but also the public officials charged with their care and treatment.

"What we've done to kids is just disgraceful," said Judge Phillip D. Roache of the Brooklyn Family Court. "We send them direct to the adult criminal courts, by our inadequacies and our inability to stop them when they start." Retired Manhattan Family Court Judge Justine Wise Polier stated, "I see it as a fraud against the child and a fraud against society." Juvenile Court Judge Florence M. Kelley said, "I don't think we've even tried, really tried, a full schedule of rehabilitation."

Joseph Moore, director of social services at the Gallagy facility in New York City, commented: "We have a psychiatric staff to do evaluations but not to do treatment." John F. Leis, director of another New York City youth facility, said: "I think the program as it exists now should be closed."

Milton Luger, formerly in charge of New York State's Training Schools, said flatly: "Too many of our facilities don't know how to work effectively with kids." Mr. Wayne Mucci, former New York City director of all children's institutions, confessed: "Eventually, you could probably do away with institutions. . . . Institutions are doomed to failure and can harm the children who enter them. . . . The system is really a very damaging one for most kids who get involved in it."

In a remarkably blunt speech before the twentieth annual meeting of the American Academy of Child Psychiatry in October of 1973, Chief Judge David L. Bazelon of the United States Court of Appeals in Washington, D.C., admonished his audience:

"I earnestly submit that your greatest contribution is to be bruttally honest in loudly proclaiming that you do not have either the knowledge or the tools or the wizardy to wipe out the afflictions of most children in our communities and institutions. It's time for all of us caretakers to stop hiding the smell of society's outhouses. No

matter how hidden by bushes or how deodorized, it still smells like an outhouse!"

In 1974, historical decisions handed down by two United States District federal judges — one in Texas, another In Indiana — ruled that the incarcerated child has a constitutional "right to treatment." Their strongly worded rulings further negated the illusion of treatment the penal industry has heretofore prepetrated on the American public. Indiana appealed the ruling but lost in the U.S. Court of Appeals in a three-to-nothing vote.

"Right to treatment" litigation grew out of the efforts of young lawyers and youth advocacy organizations investigating treatment and punishment within facilities where professionals were being paid to rehabilitate, train and teach misguided children. Responding to such powerful lawsuits and realizing the public will not tolerate a 70–80 percent failure rate, correctional institutions and officials across the country are currently engaged in various degrees of reform. But I must report that after visiting many states and reviewing current efforts, I have seen nothing more than the cosmetics of reform — long on public relations and short on meaningful performance. I found that facilities in the throes of change got heavy newspaper coverage, but the articles suffered similarities — the praising of a new superintendent, the projection of a "new image" — with very little said about changes that would benefit inmates. . . .

Most institutional reformers and security advocates believe that more intensive and individualized treatment can be given — even on a one-to-one basis — if there are more funds and newer, larger accommodations. I found the premise worth pursuing.

I visited the massive, newly constructed $4 million Pierce County Juvenile Detention Center in Washington State. As we toured, Director Harold J. Mulholland was obviously proud. Within the administration complex, most of the offices ringed a picturesque courtyard built for visitation of parents and children. Here, staff looked out daily on California quail, chukars and mallards and readily identified some unusual birds — the amethyst pheasant (a cross between a pheasant and a peacock), the Impeyan Pheasant from India and the great ring-necked pheasant of Chinese origin — as they pranced about the tailored garden. Some of the birds were sitting on eggs, and Mulholland was able to give an account of their progress.

Since the institution had been built for the inmates, I couldn't help but find gross contrast between the beautiful, esthetic, spacious staff offices and the stark, sterile accommodations for the juveniles. Subtle as the placement of the barbed wire was supposed to be, my eyes saw it in the rain gutters, draped over roof angles and wrapped like Christmas lights around supportive beams. The fence was a source of local pride. Unbreakable, unable to be climbed or seen through — the ultimate in penal fencing. . . .

Inside, the walls were bare, without pictures or artwork. The television rooms had TV sets and chairs, nothing more. "Furniture and rugs have been destroyed by the little bastards: well, they won't get any more," said the director as we hurried through. The security wing had the latest in electronic gadgets: The locked enclosures were scanned by closed-circuit TV so that fewer guards were needed. The large control area in the general population room was reminiscent of 1930 prison architecture. For the most part, the children stayed in their rooms. Food was delivered on trays through the thick iron doors.

I entered one of the cells and closed the door behind me. On the slab of steel was scratched: "I would rather be dead than here." Some youngsters had found ways to entertain themselves by ripping off overhead ceiling blocks and knocking holes in the walls and ceilings. Some of the bare spots on the walls were covered with "mosaic" designs made with wet toilet paper and inspired by boredom and frustration.

A faded purple and gray water color of a dandelion lay on the table in the arts and crafts room. Inscribed on it were these words: "Dandelions are so much like myself/Just an ugly weed nobody wants."

New institutions, under the guise of reform, still provide the same old illusion of treatment. Until the conflict of security versus treatment is resolved, the costly illusion will remain. And until the smooth veneer of rhetoric and public relations is removed from the penal bedrock of indifference, injustice, mistreatment and corruption, new institutions, new reforms, new administrations and new programs will continue to delude the paying public. ◻

From Weeping in the Playtime of Others *by Kenneth Wooden.* *Copyright © 1976 by Kenneth Wooden. Used with permission of McGraw-Hill Book Company.*

Section IV

The Child Abuse Prevention and Treatment Act, P.L. 93-247, directed that Federal standards for child abuse and neglect prevention and treatment programs and projects be developed. This section contains excerpts from the draft Federal Standards for Child Abuse and Neglect Prevention and Treatment Programs and Projects, published by the National Center on Child Abuse and Neglect in March 1978.

In addition to Section K of the Standards, which deals specifically with the prevention and correction of institutional child abuse and neglect, the Table of Contents from the standards has been included in order that the reader might have some appreciation for the overall scope of the basic document.

Comments and suggestions are invited and will be considered as the Standards are finalized. Address correspondence to the Director, National Center on Child Abuse and Neglect.

DRA

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SECTION K: STANDARDS FOR THE PREVENTION AND CORRECTION OF INSTITUTIONAL CHILD ABUSE AND NEGLECT

The overall objectives of these Standards are to:

- Encourage the prevention, identification, and correction of institutional child abuse and neglect; and
- Reduce the unnecessary institutionalization of children.

Standards under this Section are divided into two parts. The first part of these Standards addresses the State's responsibilities in ensuring that children residing in institutions are receiving proper care and treatment. The second pertains to an institution's responsibilities in admitting, treating, and discharging children in general, and children suspected of being abused or neglected in particular.

The Section is divided into two parts because of the unique status of institutions. Like other service delivery systems, institutions should strive to prevent, identify, and treat child abuse and neglect. However, unlike other service delivery systems, institutions serve as surrogate caretakers. In this role, they may accept into their care abused or neglected children, or may, themselves, abuse or neglect children. Hence, the Standards in the first part recommend that an Independent State Agency be designated to oversee institutions' activities, especially those activities related to the prevention and treatment of institutional child abuse and neglect.

Part I: States' Responsibilities

The main purpose of these Standards is to provide States with guidance for establishing an independent review of institutional abuse and neglect, and to encourage States to promote good care for every child residing in an institution. The difficulties private and public institutions may have in achieving the Standards and the difficulties that States may encounter in enforcing these Standards are acknowledged. For example, private institutions are heavily dependent on third party payors (insurance companies, private contributors, parents, etc.) who may not be willing to underwrite the administrative costs attendant with these Standards, and thus, private institutions may have to seek financial support through other means. The Standards also recognize that State licensing agencies often do not have sufficient qualified staff to monitor institutions. In some cases, licensing agencies do not have a set of appropriate standards against which to measure institutions. The Standards in Part I are intended to help resolve these problems.

Part II: Institutions' Responsibilities

The Standards and Guidelines in Part II which relate to institutional roles, policies, procedures, and responsibilities, are intended, first, to provide guidance for determining when and for how long an institutional setting is appropriate for a child. Until recently, placement in an institution was viewed as an acceptable first alternative for a "problem" child. Recent research has shown that, regardless of the quality of care provided, institutionalization exacts a psychological cost from the individual which makes his reentry into community life difficult, if not impossible. Hence, the concept of "least restrictive alternative" has emerged as the appropriate guideline in determining what placement alternative is most suitable.

These Standards also encourage institutions to pay special attention to abused or neglected children admitted to their care. Unless there is such emphasis on the part of institutions, histories of child abuse and neglect may be overlooked by institutional staff, as well as the relationships of the abuse and neglect to other problems that the children exhibit (e.g., delinquent behavior provoking further abuse). Finally, these Standards are intended to support the continuing improvement of the overall quality of institutional services by stressing the importance of Federal and State legislation and regulations governing institutional care. Institutions, both public and private, often have been indirectly responsible for child abuse and neglect through the lack of adequate monies, standards, and enforcement of these standards.

Developing Standards and Guidelines for all the aspects of child care institutions is beyond the scope of this document. However, the Standards and Guidelines in this Section are applicable to all residential child care institutions, regardless of the child's presenting problems.

DEFINITIONS

The following definitions are provided to assist the reader in understanding the scope, intent, and purpose of these Standards:

STANDARDS FOR THE PREVENTION AND CORRECTION OF INSTITUTIONAL CHILD ABUSE AND NEGLECT

Institution

A residential facility, or a foster home, that admits children, including abused or neglected children, under the age of 18, for care, treatment, and/or training.

Independent State Agency

An agency at the State level which is concerned with the quality of care provided to children placed in institutions; and receives, evaluates, and recommends corrective action on reports of institutional abuse and neglect. The agency so designated need not be one exclusively devoted to the prevention and treatment of institutional abuse and neglect, but should be an agency (such as one that assumes the role of ombudsman) whose advocacy missions clearly include the special needs of this population. This agency should also make periodic evaluations of institutions and submit reports of its findings to the State Child Protection Coordinating Committee.

Human Rights Committee

A committee established by the institution to be responsible for developing and implementing child abuse and neglect reporting procedures, in addition to other procedures concerned with human rights.

Least Restrictive Alternative

The least restrictive alternative is defined in terms of the two major settings in which a child lives: his home and his school. When applied to the child's home setting, it dictates that the child should be placed in that living situation which most closely resembles a normal, healthy, family home, while ensuring a full range of needed care and treatment. In general, the hierarchy of commonly used alternative residential settings is:

(1) natural family
(2) foster family
(3) group home
(4) weekday only residential school
(5) "open," 24-hour-per-day institutional setting within or near the child's natural community
(6) "open," 24-hour-per-day institutional setting located some distance from the child's natural community
(7) locked, 24-hour-per-day institutional setting.

The least restrictive alternative applied to a school setting is that setting which meets the child's special educational and training needs. A hierarchy of commonly used settings is:

(1) regular classroom
(2) regular classroom plus special services after school
(3) regular classroom except for selected special classes during the school day
(4) self-contained, special classroom setting
(5) special treatment centers which also provide education and training appropriate to the child's needs and abilities

(As the child's special educational and training needs are interrelated with the choice of the residential setting, both warrant consideration when applying the concept of "least restrictive alternative.")

The reader should also review Standards A-2, A-7, A-8, and A-9 in STATE LAW, as these Standards define and establish the legal basis for the State Child Protection Division, the Independent State Agency, licensing agencies, and the State Child Protection Coordinating Committee.

PART I: STATES' RESPONSIBILITIES

Administration and Management

STANDARD K-I-1

THE STATE DEPARTMENT OF SOCIAL SERVICES SHOULD DESIGNATE AN INDEPENDENT STATE AGENCY TO OVERSEE RESIDENTIAL CHILD CARE INSTITUTIONS AND ASSESS REPORTS OF INSTITUTIONAL ABUSE AND NEGLECT

Guidelines

- Determine with the State Child Protection Coordinating Committee the following:

(1) appointment of a Director within the Independent State Agency to take prime responsibility for the prevention and treatment of institutional child abuse and neglect, including his term of office
(2) staffing and resource needs, including: consideration of staff with expertise in child development, child protective services, and child welfare services; assessment and review; licensing; and labor relations and bargaining
(3) roles and responsibilities for overseeing child care institutions

- Determine with the State Child Protection Coordinating Committee and with the Independent State Agency the following:

  (1) procedures for receiving reports of institutional child abuse and neglect to include:
    (a) immediate transmittal of any report of institutional abuse or neglect from the State Child Protection Division to the Independent State Agency
    (b) the Independent State Agency's arrangements for receiving reports and initiating an emergency assessment 24 hours per day, seven days per week
  (2) procedures for requesting and receiving from State departments, local agencies, private organizations, and institutions information necessary to discharge the prescribed responsibilities, including the authority to subpoena records and witnesses
  (3) data to be submitted for inclusion in the Annual State Plan on Services for Children and Families, and in the Annual Report on Child Abuse and Neglect Prevention and Treatment which is to be forwarded to the Governor and State Legislature (Cross-reference to STATE AUTHORITY, p. III-55)

Commentary

This Standard gives the State Department of Social Services authority to designate the Independent State Agency best suited to handle institutional child maltreatment without having to rely on that Agency's ability to absorb the cost of the added responsibility. Such an arrangement, for example, would allow the Agency investigating the institutional abuse or neglect to receive child protective funds, including those derived from federal programs, such as Title XX of the Social Security Act.

STANDARD K-I-2

EACH CHILD-PLACING AGENCY SHOULD USE, WHENEVER POSSIBLE, AN IN-STATE INSTITUTION FOR PLACEMENT

Guidelines

- Utilize an out-of-State institution only if its treatment program is unavailable in the State and is required for the child needing placement

- Receive prior approval from the Independent State Agency for the placement of a child in an out-of-State institution:

  (1) if the placement is approved, staff from the child-placing agency are to conduct a pre-placement, on-site interview with the out-of-State institutional staff, and arrange for a pre-placement, on-site visit for the child and his family
  (2) if the child is placed, the child-placing agency is to arrange for periodic visits between the child and his parents during the year

- Monitor an out-of-State institution used for placement by:

  (1) having agency staff visit the child at least twice a year
  (2) obtaining detailed information about the nature and level of care and treatment being used in the institution
  (3) requiring periodic treatment progress reports from the institution
  (4) maintaining close contact with licensing agencies in the other State to ensure that the institution meets licensing requirements and has not had its license revoked

STANDARD K-I-3

THE INDEPENDENT STATE AGENCY SHOULD CONDUCT REGULAR REVIEWS OF ALL RESIDENTIAL CHILD CARE INSTITUTIONS IN THE STATE OR REVIEW THOSE PERFORMED BY OTHER AUTHORITIES

Guidelines

- Compile and maintain an updated file of public and private institutions
- Conduct reviews of public and private institutions which include on-site, unannounced visits
- Focus reviews on the following:
    - (1) the existence, range, and quality of treatment services
    - (2) the institution's policies on child management
    - (3) the institution's fiscal policies, procedures, and priorities, including purchase-of-service agreements
    - (4) the number and qualifications of staff; staff selection, screening, and performance evaluation; staff rotation policies and procedures; staff supervision; and staff pre- and in-service training

Commentary

If an organization or agency other than the Independent State Agency is mandated to conduct reviews of institutions, the Independent State Agency may consider this other review in lieu of its own. However, the Independent State Agency should still have the authority to conduct on-site reviews.

STANDARD K-I-4

THE INDEPENDENT STATE AGENCY SHOULD WORK WITH STATE AND COUNTY LICENSING AGENCIES TO ENSURE THAT LICENSING CODES, REQUIREMENTS, AND STANDARDS ARE ENFORCED

Guidelines

- Compile and maintain an updated file of State and county licensing agencies, child-placing agencies, and juvenile and family courts

- Establish and maintain liaison with State and county licensing agencies

- Assess licensing codes, requirements, and standards of State and county licensing agencies, by recognizing that:

  (1) State standards for child care in institutions may not exist or existing ones may be inadequate
  (2) licensing codes, requirements, and standards should deal with physcial conditions of facilities as well as their treatment programs
  (3) regular inspections of public and private institutions by the appropriate State and county licensing agencies are necessary and are to be encouraged

- Develop State standards for child care in institutions if they do not exist or if existing ones are inadequate

- Develop such standards in conjunction with the appropriate child-placing agencies and appropriate State and county licensing agencies

- Communicate regularly with State and county licensing agencies for:

  (1) receipt of their inspection reports on public and private institutions
  (2) up-to-date information on changes in the licensing status of all public and private institutions
  (3) suggestions as to how the Independent State Agency can assist State and county licensing agencies in enforcing their Standards and/or licensing requirements

- Notify child-placing agencies, and juvenile and family courts in the licensing status of all public and private institutions

- Assist private and smaller public institutions in identifying alternative funding sources to be used in implementing these Standards; these alternative may include:

  (1) direct cost reimbursement to the institution
  (2) staffing support through the Independent State Agency
  (3) advocating legislative action to require private and Federal insurance companies to include coverage of these costs as reimbursable

Prevention and Treatment

STANDARD K-I-5

THE INDEPENDENT STATE AGENCY SHOULD ASSESS REPORTS OF SUSPECTED INSTITUTIONAL CHILD ABUSE AND NEGLECT

Guidelines

- Recognize that some cases of institutional child abuse and neglect require the authoritative intervention of law enforcement agencies

- Develop, with the State Child Protection Division, procedures for assessing reports of institutional child abuse or neglect:

  (1) procedures are to be written
  (2) procedures are to focus on: emergency criteria; response to emergency reports; response to other reports; notifying the institution's director, the child's advocate, the child's parent(s), and the child's placing agency, about the report and assessment

- Request that the institution initiate its own evaluation of the alleged situation if it has not yet done so

- Assign Independent State Agency staff to perform the assessment, see the child, and determine whether the allegation is true, and whether the child is safe, requires another placement, or can remain in the institution; to include:

    (1) gathering information from the following sources: the individual who made the report, institutional personnel, the child, the child's parent(s), and collateral community resources such as medical or educational resources
    (2) if appropriate, obtaining medical, psychiatric, and/or psychological assessments of the child to be performed by physicians, psychiatrists, or psychologists who are not affiliated with the institution
    (3) when removal is necessary, seeking consent from the institution's director, the child's parent, and/or the child-placing agency; or, if indicated due to imminent danger to the child, considering the need to exercise temporary protective custody authority (Cross-reference to STATE LAW, p. III-16)
    (4) in event of removal, working with the child-placing agency and the State Child Protection Division to locate alternative temporary placement for the child

- Inform parallel public agencies involved with the child, and State and county licensing agencies, of the allegation

- Conduct on-site inspection and review of the institution early in the assessment process, and encourage the institution to implement its own corrective measures

- Complete the assessment within 60 days after receipt of the report, with the option of an additional 30-day extension, if good cause for the extension is shown and it is approved by the State Child Protection Division

- Intervene in situations of alleged institutional abuse or neglect involving a child placed from another State in the same manner as described for the assessment of any other report, except for these differences:

    (1) share the assessment process and findings with the other State's Child Protection Division
    (2) share the assessment process and findings with the child's placing agency in the other State

- Follow post-assessment procedures which include:
  (1) holding a fact-finding review to determine if the reported institutional child abuse or neglect is unfounded, indicated, or founded
  (2) allowing the institution to participate fully in the review and assessment of all relevant facts which pertain to the allegation (except those necessitating the disclosure of individuals' identities, which would breach confidentiality agreements)
  (3) providing the institution with the opportunity to share the results of its own inquiry and to state its reactions to the allegations and to the assessment findings
  (4) allowing the institution time to perform corrective action if the report is founded or indicated
  (5) documenting the final assessment findings in a report to be submitted to the State Child Protection Division, which includes recommendations for corrective action
  (6) submitting the final assessment report to appropriate State and county licensing agencies, the appropriate child-placing agency, and law enforcement authorities, when appropriate
  (7) notifying the child's parents of the final assessment findings

- Obtain the State Child Protection Division's recommendation's for corrective action and/or their approval of the institution's and the Independent State Agency's recommendations for corrective action

- Consider the reports on assessment findings and the report on corrective action as public documents, if the report of institutional abuse or neglect is founded, but information on the identities of the children involved is not to be disclosed

STANDARD K-I-6

THE INDEPENDENT STATE AGENCY SHOULD REQUEST THAT THE LOCAL COMMUNITY CHILD PROTECTION COORDINATING COUNCIL ASSIST IN ANY NEGOTIATIONS ON CORRECTIVE ACTION THAT REQUIRE CONCILIATION

Guidelines

- Cross-reference to LOCAL AUTHORITY, STANDARD E-5, p. III-86 and Standard K-II-10, p. III-246

- Encourage the Community Council to:

  (1) provide assistance when the State Child Protection Division and the institution are unable to reach agreement on appropriate corrective action to aleviate the conditions which led to the institutional abuse or neglect
  (2) conduct negotiations between the State Child Protection Division and the institution
  (3) document final corrective action in a report to be submitted to the State Child Protection Division and the institution for final review
  (4) forward the report to the child's placing agency and State and county licensing agencies

Resource Enhancement

STANDARD K-I-7

THE INDEPENDENT STATE AGENCY SHOULD WORK WITH THE STATE AND COMMUNITY TO DEVELOP ALTERNATIVES TO INSTITUTIONALIZATION OF CHILDREN

Guidelines

- Participate on the State Child Protection Coordinating Committee

- Request information and contributions from the institutional staff participating on Community Child Protection Coordinating Councils

- Work with State and community government agencies, private organizations, professional associations, advocacy groups, and concerned citizens to stimulate the development of comprehensive community support services as alternatives to the institutionalization of children
- Utilize printed and visual media to heighten public awareness of issues related to the institutionalization and de-institutionalization of children
- Prepare and regularly update detailed programmatic descriptions of public and private institutions for dissemination to child-placing agencies, juvenile and family courts, State and county licensing agencies, and residential child care institutions with emphasis on those institutions that have developed or are developing alternatives for the children placed in their institutions

STANDARD K-I-8

THE INDEPENDENT STATE AGENCY SHOULD PROMOTE THE ESTABLISHMENT AND OPERATION OF INSTITUTIONAL CHILD ADVOCACY PROGRAMS

Guidelines

- Compile and maintain an updated file which identifies existing or planned institutional child advocacy programs, and problems encountered by advocates
- Compile and disseminate guidance materials to advocates regarding such things as needs of children, conditions that need improvement, and alternatives to institutionalization
- Sponsor an annual conference for advocates for the purpose of sharing information
- Serve as a clearinghouse for institutional child advocacy programs
- Cross-reference to Standard K-II-2, p. III-233

STANDARDS FOR THE PREVENTION AND CORRECTION OF INSTITUTIONAL CHILD ABUSE AND NEGLECT

PART II: INSTITUTIONS' RESPONSIBILITIES

Administration and Management

STANDARD K-II-1

EACH INSTITUTION SHOULD HIRE QUALIFIED AND SUFFICIENT STAFF

Guidelines

- Determine the number of staff and the qualifications necessary for sufficient care, based on the institution's size, purpose, children's ethnic backgrounds, and children's special needs, including the special needs of children with histories of abuse and neglect
- Establish policies for staff recruitment, screening, and hiring, including a probationary period for new employees
- Hire professional staff who are licensed, certified, or registered as required by State law
- Ensure that staff hired to work with children have had prior training in child development and training in recognizing indicators of child abuse and neglect
- Establish individual worker caseloads, to be determined by such factors as: the children's chronological and mental ages; nature of the children's problems and other characteristics; type and extent of work needed for children and parents; and the time required for individual and staff meetings and other responsibilities
- Provide a program for continued staff development, including individual and group supervision for all staff
- Compile, maintain, periodically update, and distribute to all employees a manual of personnel policies and procedures
- Include in the manual the following information:

    (1) the clearly defined purpose of the institution in terms of the specialized target population it is designed to serve

(2) job descriptions for all positions, including: qualifications; education and skills required; a general description of duties and responsibilities; and the type of supervision provided
(3) conditions and procedures of employment
(4) a code of ethical conduct for all employees
(5) a statement prohibiting child abuse and neglect by staff
(6) internal and external procedures for reporting and assessing suspected child abuse and neglect incidents
(7) mechanisms for staff involvement in evaluating the functioning of the institution and personnel

Commentary

Institutions are responsible for meeting the needs of children who enter the institution as well as ensuring that children in their care are not abused or neglected by staff. Consequently, the hiring of qualified and sufficient staff is extremely important to guarantee that these responsibilities are effectively fulfilled. In addition, assignment of reasonable caseloads and continued staff development are necessary to guarantee effective care and prevent staff abuse and neglect of children while they are in an institution.

STANDARD K-II-2

EACH INSTITUTION SHOULD ESTABLISH A FORMAL CHILD ADVOCACY PROGRAM TO REPRESENT THE INTERESTS OF CHILDREN PLACED IN THE INSTITUTION

Guidelines

- Establish an advocacy program which meets the following criteria:

  (1) each child within the institution has an identifiable advocate
  (2) each advocate has complete access to: all records on the child; all levels of institutional staff; the child-placing agency; and other agencies charged with monitoring the child's treatment
  (3) each advocate is able to express his concerns without fear of reprisal by the institution
  (4) each advocate has sufficient time to carry out his advocacy role

- Select and utilize an advocacy program which conforms to the needs and capabilities of the institution. Three alternative models are:

  (1) an internal advocacy program, the salient characteristics of which include:
    (a) full-time staff (hired by the institution) whose sole function is advocacy
    (b) advocacy staff directly responsible to the director
    (c) advocacy staff's participation on the Human Rights Committee (See Standard K-II-3)

  (2) an external, State-administered advocacy program, the salient characteristics of which include:

    (a) advocates (hired by the State's licensing agencies) to serve one or more institutions
    (b) advocacy staff serve institutions within a designated geographic area (two hours or less travel time)
    (c) the ratio of advocates to residents dictated by the number of, and distance between, institutions served (1:60 as basic guideline)

  (3) a citizen advocacy program, the salient characteristics of which include:

    (a) citizens in the child's community trained as advocates and assigned one to three children
    (b) the citizen serves as a consistent advocate for the child through his institutional placement and any subsequent placements (e.g., institutional, group home, foster care)
    (c) paid or volunteer citizen advocates, the status of which is dependent upon the resources of the community and the institution

- Delegate the following responsibilities to the advocate:

  (1) ensuring that each entering child and his family are informed about their rights and responsibilities and their avenues of redress if those rights are violated by the institution
  (2) representing children whose rights are being violated or are alleged to have been violated
  (3) monitoring and advocating for change of inequitable policies and procedures prior to the need for judicial intervention

(4) investigating and examining any and all conditions which may interfere with free exercise of children's rights, except in the event of suspected child abuse or neglect, which is to be handled by the Human Rights Committee
(5) working with the Human Rights Committee to perform internal assessments in the event of suspected child abuse or neglect
(6) promoting staff involvement in evaluating the functioning of the institution and in determining staff training needs
(7) consulting freely with any institutional employee, including the director, about violations of children's and families' rights needing remediation

Commentary

It is the responsibility of each institution to establish or cooperate with an advocacy program for all children in its care. The purpose of the advocacy program is to represent the interests of the child and to prevent incidents of institutional child abuse or neglect. However, this Standard recognizes that many institutions are or will be subject to Federal- or State-mandated advocacy programs. Therefore, if the interests of the preceding Guidelines are served by an existing advocacy program established in response to other requirements, and if that program includes abused or neglected children admitted to the institution, then it is unnecessary for the institution to develop a new advocacy program. The Guidelines are broad enough to be incorporated into an existing program or to become the basis for establishing a new program.

Three models of advocacy program are outlined in the Guidelines. These models are currently being considered or utilized by many institutions. Advantages and disadvantages associated with each of the models include:

(1) internal advocacy program
  (a) advantages: "on-the-spot", full-time familiarity with the institution, and easy accessibility to the institution's programs and staff
  (b) disadvantage: tendency of the advocate to lose objectivity because of close association to staff
(2) external, State-administered advocacy program
  (a) advantages: strengthens the licensing function of the State; advocate and institution benefit from knowledge of

other institutions' programs and policies; and less chance of advocate identifying with the institution's staff
- (b) disadvantages: reduced level of knowledge about the institution, and less-developed working relationships with the staff to negotiate needed changes

(3) citizen advocacy program
- (a) advantage: advocating for the child throughout a range of placements (i.e., institution to group home to foster care)
- (b) disadvantages: lack of formal power to affect change; difficulties of recruitment and problems of volunteer turnover; and lack of familiarity with the specifics of the institution's services

STANDARD K-II-3

EACH INSTITUTION SHOULD ESTABLISH A HUMAN RIGHTS COMMITTEE TO IMPLEMENT CHILD ABUSE AND NEGLECT REPORTING PROCEDURES

Guidelines

- Establish, as an option, a Task Force to an existing Human Rights Committee

- Include representatives from the professional staff, the advocacy program, the child care staff, patients or patient representatives (consumers), and outside professionals

- Delegate responsibility to the Human Rights Committee for the following:

  (1) developing internal reporting procedures for incidents of suspected child abuse and neglect
  (2) disseminating to all staff written copies of reporting procedures
  (3) designating member(s) to be available 24 hours per day, seven days per week to accept reports of suspected abuse and neglect and make official reports to the State Child Protection Division

(4) performing internal assessments of reports of suspected child abuse and neglect together with the child's advocate
(5) providing staff training in recognition of child abuse and neglect and internal and external reporting and assessment procedures
(6) performing internal evaluations of policies, programs, facilities, services, and personnel, including the need for additional or new types of personnel

Commentary

This Standard should be consistent with similar requirements mandated by other laws or regulations. Therefore, the title and purposes of this committee may be incorporated into another committee or board. In addition, a Human Rights Committee may serve more than one institution, so long as consumer, advocate, and staff representation from each institution is included. At least two-thirds of the representation on the Committee should be other than institutional staff.

STANDARD K-II-4

INSTITUTIONAL STAFF SHOULD PARTICIPATE ON THE STATE CHILD PROTECTION COORDINATING COMMITTEE AND ON THE COMMUNITY CHILD PROTECTION COORDINATING COUNCIL

Guidelines

- Cross reference to STATE AUTHORITY, p. III-45 and LOCAL AUTHORITY, p. III-86
- Include a representative who has sufficient responsibility within an institution to represent the general interests and interpret the policies of institutions
- Assist in coordinating, planning, and implementing State and community child abuse and neglect prevention, identification, and treatment efforts

- Contribute to the preparation of the Annual State Plan on Services for Children and Families, the Annual Report on Child Abuse and Neglect Prevention and Treatment, and the Local Plan of Action

Prevention and Treatment

STANDARD K-II-5

EACH INSTITUTION SHOULD ACCEPT ONLY THOSE CHILDREN WHOSE NEEDS CANNOT BE MET IN A LESS RESTRICTIVE ENVIRONMENT

Guidelines

- Recognize responsibility for refusing to admit a child whose needs cannot be met or whose needs can be met in a less restrictive setting

- Convene diverse staff members, prior to the child's placement, to determine if:

  (1) the proposed placement is the least restrictive environment which meets the child's needs
  (2) the child's emotional, developmental, and educational needs can be met by the institution's program(s)
  (3) the nature of the child's family relationships and the family's current situation can be benefited by the placement
  (4) the family is willing to participate in planning for their child and in receiving treatment for themselves
  (5) the proposed placement (whenever possible) is near to the child's home and family

- Develop procedures to obtain, prior to placement, the child's records, including those of physical examination, psychological evaluation, psychiatric evaluation, educational assessment, social history, and any history of abuse and neglect

- Arrange for at least one pre-placement, in-person interview of the child and his family and conduct an independent professional assessment of the child, as necessary, to ensure that the decision to accept or reject a child for admission is based on the knowledge of all available sources and not just on past records

- Develop procedures and time limits, if the placement proves to be inappropriate, for informing the child's placing agency that another setting must be found for the child (Cross-reference to Standard K-II-7, p. III-241); and participate in the search for an appropriate placement for the child

STANDARD K-II-6

EACH INSTITUTION SHOULD INFORM EVERY ENTERING CHILD AND HIS FAMILY OF THEIR RIGHTS AND THE RIGHTS OF THE INSTITUTION

Guidelines

- Recognize the child has rights to:
  (1) physical care and supervision
  (2) education and/or training
  (3) prompt medical care and treatment for physical health and emotional problems
  (4) emotional security
  (5) freedom from unnecessary chemical or physical restraint
  (6) protection from harm, neglect, and abuse
  (7) confidentiality of his records and mail
  (8) other rights as defined by law, regulation, or other recognized standards for the institution

- Recognize the family has rights to:
  (1) participate in the treatment program, unless it is shown that harm to the child's progress will occur
  (2) receive information regarding the child's whereabouts and condition

(3) receive proprer legal notice on behalf of or regarding their child (e.g., juvenile court review hearings)
(4) make decisions, if their child is a minor, about the child's welfare including consent to health services
(5) other rights as defined by law, regulation, or other recognized standards for the institution

- Recognize the institution has rights to:

(1) expect cooperation from the family and placing agency in developing a treatment plan
(2) prescribe limits as to its services, consistent with its resources
(3) establish reasonable rules for visiting the child
(4) set and enforce an appropriate fee schedule for its services
(5) establish rules to protect the well-being of all residents
(6) take emergency measures to protect the child's health and safety without prior consent
(7) other such rights as are necessary to maintain the institution's compliance with city, county, State, and Federal licensure and standards

- Provide entering child, when child's age and condition indicate, with:

(1) a copy of his rights
(2) written information on advocate's name, role, and methods of contacting advocate
(3) a copy of the family's rights
(4) a copy of the institution's rights

- Hold individual meetings or small group oral presentations regarding rights for a child when the child is able to understand, but unable to read

- Provide family with:

(1) a copy of their rights
(2) written information on advocate's name, role, and location
(3) a copy of the child's rights
(4) a copy of the institution's rights

TANDARD K-II-7

ACH INSTITUTION SHOULD DEVELOP AND IMPLEMENT, AT TIME OF LACEMENT, A SPECIFIC INDIVIDUALIZED TREATMENT PLAN FOR EVERY HILD TO MEET HIS PHYSICAL, EMOTIONAL, AND DEVELOPMENTAL NEEDS

uidelines

- Recognize that an abused or neglected child requires professional treatment and is not to be placed in:
    - (1) an institution that provides only custodial care
    - (2) a correctional facility or institution
- Identify the child's basic and unique physical, emotional, and development needs
- Recognize that the length of stay at the institution should be determined solely by the needs of the child
- Establish, within 30 days of admission, an estimate of length of stay needed by the child
- Develop an individualized treatment plan for the child, taking into account whether the placement is for short-term, intermediate, or long-term care, with emphasis on services that will promote community reintegration and enhance adaptive skills for normal community life
- Ensure that the child's treatment plan includes specific time-limited, short- and long-term goals related to: medical and dental needs; educational, recreational. and emotional needs; social skills; family involvement; and plans for discharge and aftercare
- Plan and provide for the emotional well-being of the child through programs and activities that promote emotional security, relationships with adults and peers, and that include special clinical services, such as those performed by social workers, physicians, psychologists, and psychiatrists
- Involve the child and his family as fully as possible in developing the plan and in making decisions concerning him if such involvement is in the best interests of child
- Utilize additional procedures for a child placed in the institution as a result of child abuse or neglect:

(1) encourage the child protective services or foster care worker assigned to monitor the case to visit the child regularly and to participate in the institution's semi-annual, interdisciplinary review of the child's progress

(2) submit a copy of the treatment plan and each progress report to the Local Child Protective Services Unit for subsequent transmission to the State Division

- Ensure equity of care through well-defined administrative policies and procedures
- Comply with licensing codes, requirements, and standards of appropriate State and county licensing agencies
- Establish procedures and time limits with respect to placement and possible discharge by:

  (1) conducting a professional review of the child's progress at least monthly to ascertain appropriateness of placement in the institutional setting

  (2) notifying the child-placing agency when a less restrictive setting can meet the child's needs; notification should include a detailed progress report, date of anticipated discharge, and alternative placement recommendations

Commentary

Three of the Guidelines in this Standard warrant further elaboration. With respect to the fifth Guideline on developing individualized treatment plans according to expected length of placement, the following discussion illuminates what is meant by short-, intermediate, and long-term care and how this affects treatment and discharge plans.

First, if the stay is estimated at 45 days or less (short-term care), the institution should establish, before or within five days of admission, an individualized treatment plan which contains an estimated discharge date. Second, if the estimated length of stay at the institution is 46 days to one year (intermediate care), or third, if the estimated length of stay is longer than one year (long-term care), the institution should prepare an individualized treatment plan within 30 days of admission. In any of the three instances, the individualized treatment plan should be reviewed with the child-placing agency.

Several additional suggestions regarding discharge may assist institutions in implementing the last Guideline, i.e., procedures dealing with discharge. If the child-placing agency agrees with the institution's assessment regarding discharge plans for a child, the agency should share with the institution its plans for the child's subsequent placement as well as its willingness to resume responsibility for the child on the agreed-upon discharge date. Should the child-placing agency disagree with the institution's recommendation for discharge, the agency should notify the institution within 15 days. The institution and the child-placing agency should review the case again, and make a final decision as to the appropriate discharge date.

Finally, although it is assumed that institutions will have the primary responsibility for determining the length of the child's stay in the institution, the child's advocate may also request that a post-placement review be conducted for the purpose of considering discharge of the child.

STANDARD K-II-8

EACH INSTITUTION SHOULD INVOLVE FAMILIES IN DECISION MAKING FOR THEIR CHILDREN AND PROVIDE FOR FAMILY INVOLVEMENT IN INSTITUTIONAL ACTIVITIES

Guidelines

- Recognize the responsibility to involve families in all phases of institutional activities
- Assess ways in which families can be involved
- Encourage families to become involved with their children and the institution by:
    (1) inviting parents to formal staff reviews and including them in the reviews
    (2) consulting with the parents about any significant change in the treatment plan and advising them of such changes
    (3) establishing a wide range of time for child visitation including, at a minimum, daily visitation periods in the afternoon and evening

(4) limiting visiting rights during established hours only when it would clearly detract from the child's adjustment and treatment (e.g., during the period immediately following admission; when a specific treatment program is in effect; or when the visit would upset the child)
(5) encouraging weekend, holiday, and vacation home visits with the family unless professionally contraindicated by the treatment plan
(6) providing counseling services to families, or ensuring that such services are available elsewhere
(7) allowing and encouraging family to provide clothing, appropriate small gifts, allowance money, etc., for the child
(8) encouraging family participation in activities such as holiday parties, birthday parties, unit outings, field days, etc.
(9) establishing appropriate and reasonably frequent times when parents can attend and observe treatment activities such as school classrooms, and recreational activities

- Sponsor and support a Parents' Organization by:

(1) informing all parents of the Organization's existence and how to apply for membership
(2) ensuring that representatives of the Parents' Organization are included on major boards sponsored directly by the institution, such as the Human Rights Committee or Advisory Boards
(3) arranging periodic meetings between administrative staff and the Parents' Organization to answer questions and discuss issues or concerns

Commentary

Unless it is determined through a professional assessment of the child's needs that the family's involvement will have a detrimental effect on the child, the institution should encourage family participation. The therapeutic benefits of family involvement, not only in caring for the child but in all phases of the institution's activities, should be recognized by institutional staff.

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Further, the institution and the child-placing agency should establish a specific plan of treatment for the family, coordinated with the child's plan, to attempt to reach the goal of returning the child to his family. A decision which eliminates the eventual return to the family should be well-documented and should occur only after a thorough assessment of the child's and family's capabilities and prognosis.

STANDARD K-II-9

EACH INSTITUTION SHOULD COMPLY WITH THE STATE LAW IN REPORTING AND ASSESSING SUSPECTED CHILD ABUSE AND NEGLECT

Guidelines

- Recognize that institutional staff, and consultants may be mandated to report and are civilly liable; if they fail to report they can be charged with a misdemeanor
- Recognize that parents, relatives, and friends are voluntary reporters and are encouraged to report
- Make reports to an on-duty member of the Human Rights Committee who is required to report to the State Child Protection Division and to initiate the assessments; at the same time, notify the director of the institution of the reports
- Cooperate with the Independent State Agency in conducting its own independent assessment of the suspected incident (Cross-reference to Standard K-I-5 p. III-227)
- Recognize that procedures for reporting suspected abuse and neglect occurring in an institution are the same as those for reporting abuse and neglect occurring outside an institution

STANDARD K-II-10

EACH INSTITUTION SHOULD DEVELOP A PLAN FOR CORRECTIVE ACTION IF A REPORT OF INSTITUTIONAL CHILD ABUSE OR NEGLECT IS FOUNDED

Guidelines

- Present to the State Child Protection Division for review, a strategy for corrective action which:
  (1) is most feasible, given the institution's financial and operating realities
  (2) ensures that repetition of the situation will not occur
- Cooperate with the Community Child Protection Coordinating Council when agreement cannot be reached with the State Child Protection Division on appropriate corrective action (Cross-reference to Standard K-I-6, p. III-229)

Commentary

In the past, the corrective strategy employed in known incidents of institutional child abuse and neglect has not always had a sufficient preventive component to ensure that there would be no repetition of the situation. For example, if a child has been physically assaulted, many institutions have considered it sufficient to merely terminate the employment of that staff member rather than to initiate a thorough review of its staff selection procedures and its policies related to child care.

The purpose of this Standard is to stress the need for States, communities, and institutions to develop a mechanism which will correct those situations which have led to institutional abuse and neglect in such a manner that subsequent child abuse and neglect will be prevented, i.e., to focus attention on broad and fundamental issues rather than only on immediate efforts to a specific incident. Specifically, every corrective strategy developed as a result of a case of institutional abuse or neglect should address the following to determine where necessary improvements are needed:

- Policies of the institution which could range from deinstitutionalization and community and family involvement in policy formulation, to policies on how children should be managed and disciplined

- Administrative practices and procedures, including the quality and experience of all levels of staff
- Operational practices and procedures specifically relating to: screening of staff during the recruitment process; review of staff capabilities and performance; staff training after employment; and rotation of staff to minimize pressures.

Resource Enhancement

STANDARD K-II-11

INSTITUTIONAL STAFF SHOULD RECEIVE TRAINING IN THE PREVENTION, IDENTIFICATION, AND TREATMENT OF CHILD ABUSE AND NEGLECT AND ON THEIR REPORTING RESPONSIBILITIES AS DEFINED IN STATE LAW

Guidelines

- Recognize the current lack of training in child abuse and neglect among most institutional staff
- Recognize the impact of staff behavior on the development of children's behavior patterns and personality characteristics
- Identify training needs, training priorities, means for accomplishing training, and focus of training efforts
- Establish performance criteria for staff to achieve and appropriate techniques to test achievement before allowing staff to work independently with children
- Designate a specialist in the field of child abuse and neglect to conduct and/or coordinate the training
- Provide continuous and regular pre-service and in-service training, including supervisory and management training for staff in supervisory positions, and training for child care personnel who are in day-to-day contact with the children
- Train staff directly or through arrangements with another institution or community resource

- Utilize a multi-disciplinary approach to training
- Utilize available training materials suitable for institutional staff, developed by the State Child Protection Division
- Focus training on:
  - (1) the impact on children of the behavior of staff by:
    - (a) stressing the importance of modeling appropriate behaviors, and the uses and abuses of behavior modification
    - (b) discussing how to handle "problem" children in ways which do not involve physical discipline
  - (2) community reintegration as a goal
  - (3) normal and abnormal child development
  - (4) definitions and indicators of child abuse and neglect
  - (5) extent of child abuse and neglect in the community, State, and nation
  - (6) internal and external child abuse and neglect reporting and assessment procedures

STANDARD K-II-12

EACH INSTITUTION SHOULD CONDUCT AN ANNUAL REVIEW OF ITS CHILD ABUSE AND NEGLECT PREVENTION AND TREATMENT EFFORTS

Guidelines

- Perform evaluation by institutional staff who are trained in evaluation, with the option of requesting that the State Department of Social Services or the Local Social Services Agency assist with or perform the evaluation
- Coordinate evaluation efforts with other institutions, if possible
- Direct evaluation efforts toward such areas as:
  - (1) statistics concerning, for example, the number of abused or neglected children who entered the institution, the number of children suspected

of being abused or neglected in the institution, and the number of abused and neglected children reintegrated into the community from the institution

(2) effectiveness of treatment services
(3) quality of training efforts
(4) effectiveness of reporting procedures
(5) additional information needed to evaluate and improve child protection efforts

STANDARD K-II-13

EACH INSTITUTION SHOULD ESTABLISH AND MAINTAIN COMMUNICATION WITH THE STATE AND THE COMMUNITY TO PROMOTE PUBLIC AWARENESS OF INSTITUTIONAL CARE AND TO DEVELOP ALTERNATIVES TO INSTITUTIONALIZATION OF CHILDREN

Guidelines

- Recognize that public awareness of the needs of children is necessary in developing viable alternatives to institutionalization

- Identify target audiences, such as: leaders of the community; volunteer organizations; and State and local legislative officials

- Identify key information to be disseminated, with variations to depend upon the target audience

- Identify areas in which community resources can be utilized to foster alternatives to institutionalization

- Identify areas in which community volunteers can be used to promote public awareness

- Establish administrative rules and regulations which promote community involvement; e.g., use of institution's facilities by the community, the children's use of facilities within the community

- Develop and disseminate materials on the responsibilities of the institution and the needs of institutionalized children, utilizing various media
- Evaluate effectiveness of public awareness program annually

Section V

The Model Child Protection Act with Commentary is being developed by the National Center on Child Abuse and Neglect; a draft version was issued in August of 1977 for review purposes only. It provides a model structure within which state services can be organized, delivered and coordinated in a unified and coherent approach. It is a tool which can assist states in improving their laws and administrative practices and procedures.

In addition to Section 23 of the draft Model Act, which deals specifically with the reports of institutional child abuse and neglect, the Table of Contents has been included so that the reader might have some appreciation for the overall scope of the basic document.

Comments and suggestions are invited and will be considered as the Model Act is finalized. Address correspondence to the Director, National Center on Child Abuse and Neglect.

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TITLE V: GENERAL

SECTION 23. REPORTS OF INSTITUTIONAL CHILD ABUSE AND NEGLECT

(a) The state department shall designate the public or private agency or agencies responsible for investigating reports involving known or suspected institutional child abuse or neglect, through written agreement. The designated agency or agencies must be other than and separately administered from the one involved in the alleged acts or omissions. Subject to the preceeding limitation, the agency may be the state department, the local child protective service, a law enforcement agency, or another appropriate agency.

Comment

This subsection is meant to ensure that no agency polices itself in the investigation of a report of institutional abuse or neglect, as defined in section 4(h), supra. For example, the state department may operate residential facilities for children. Under this section, it would designate an outside, disinterested agency to perform the investigation. This subsection recognizes that it may be desirable to designate different agencies to investigate child abuse or neglect in different types of institutional settings or for different areas in the state. (In some situations, it might be appropriate to designate parental organizations.) Unlike cases of parental abuse and neglect, cases of institutional abuse and neglect often require the authoritative intervention of law enforcement agencies, such as the police or district attorney.

(b) The agreement shall describe the specific terms and conditions of the designation, including the manner in which reports of known or suspected institutional child abuse or neglect will be received through the single statewide telephone number, the manner in which such reports will be investigated, the remedial action which will be taken, and the manner in which the statewide child protection center will be kept fully informed of the progress, findings, and disposition of the investigation.

Comment

By establishing clear lines of accountability between the state department and the designated agency, this subsection places upon the state department the ultimate responsibility for the proper handling of reports of institutional child abuse and neglect.

(c) To fulfill the purposes of this section, the state department may purchase the services of the public or private agency designated to investigate reports of known or suspected institutional child abuse or neglect.

Comment

This subsection gives the state department the fiscal authority to designate the public or private agency best suited to handle each particular type of institutional child maltreatment without having to rely on that agency's ability to absorb the cost of the added responsibility. Such an arrangement would allow the agency investigating the institutional abuse or neglect to receive child protective funds, including those derived from federal programs, such as Title XX of the Social Security Act.

Section VI

This section contains the following information concerning resource materials which may be of interest to those who are interested in the prevention and correction of child maltreatment in institutions:

Item A -- A review of The Inspection of Children's Institutions - A Manual

Item B -- A description of some newly developed training materials, The Residential Child Care Worker

Item C -- A printout of abstracts of program information related to corporal punishment, institutional abuse and neglect, and institutionalized children contained in the Clearinghouse of the National Center on Child Abuse and Neglect.

Item A

The National Colalition for Children's Justice is an organization dedicated to improving conditions for the one million children incarcerated each year in our nation's jails, reformatories, mental hospitals, and residential "treatment" facilities. The Coalition is working to arouse public concern over the treatment of children in public and private care and to build coalitions among civic and child advocacy groups at the Federal and state levels. Its goal is to develop permanent coalition among citizen groups, elected officials, and state liscensing agencies -- coalitions which can assume responsibility for monitoring and upgrading the conditions of children in public as well as private care. The method is to investigate conditions within residential facilities, to devise strategies for more appropriate placement of the thousands of youngsters unnecessarily confined to them, and to ensure humane treatment for those who must remain institutionalized.

Additional information can be obtained by contacting:

The National Coalition for Children's Justice
66 Witherspoon St.
Princeton, NJ 08540

Telephone: (609) 924-0902

The Inspection of Children's Institutions - A Manual, National Coalition for Children's Justice, Princeton, New Jersey, December 1977

The Coalition takes the position that the original "promise" behind the concept of establishing and operating children's institutions has ended in failure and disappointment. "The very institutions established to 'save, help, or treat' needy children have often abused, neglected, or brutalized them." It calls for the abolishment of all large institutions for children, and advocates for the implementation of small community based programs. However, recognizing the impracticality of advocating for the total eradication of child caregiving institutions, the Coalition proposes that a community strategy be developed which would subject such institutions to periodic external inspections. To that end, the Coalition has developed a manual designed to provide an inspection team of experienced professionals, interested citizens and public officials with a design whereby a closer monitoring of children's institutional caregiving facilities can be accomplished.

The manual breaks the inspection down into three principal groups of functional activities which would be examined:

1. Management policies and administrative procedures to implement them.

2. Factors which determine the quality of life.

3. Factors which determine the quality of programs.

Lists of some essential questions are provided so that the inspector might ask the right questions.

For example, under management policies and administrative procedures, the following subsets of questions are supplied:

- Suggested questions to be answered by administrator and/or board members.

- Suggested questions concerning staff.

- Suggested questions to be asked of staff.

- Questions to be answered regarding admissions.

- Questions to be answered regarding record-keeping.
- Some questions concerning accounting procedures.

Quality of life questions relate to:

- Questions to be answered regarding buildings and grounds.
- Questions to be answered regarding daily life.
- Questions concerning discipline, disciplinary reports, and seclusion.

Quality of programs questions are directed toward:

- Questions to be answered regarding the education program.
- Questions regarding the professional services being provided.
- Questions regarding discharge.
- Questions to ask the children being served.

Unless you ask the right question, the answer is often misleading or at best incomplete. This manual is a good solution to that problem. For additional information concerning this manual, contact the National Coalition for Children's Justice.

A NEW BASIC COURSE the residential child care worker

FOR THE FIRST TIME . . . A COMPREHENSIVE COURSE OF STUDY FOR ADULTS WHO WORK WITH CHILDREN IN RESIDENTIAL FACILITIES.

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- It is appropriate for the inexperienced as well as the experienced child care worker
- It is designed to improve the quality of child care
- It is proven effective

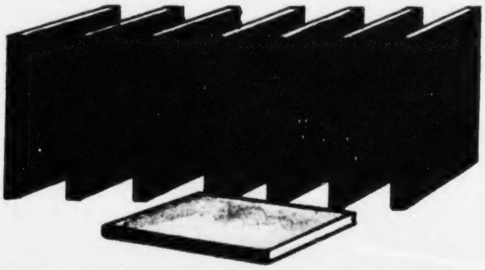
These materials were developed for:

Children's Bureau
Administration for Children,
Youth and Families
Department of Health,
Education and Welfare
Washington, D.C.

Under U.S. Government Contract
Number HEW 105-75-1122

A BASIC COURSE FOR RESIDENTIAL CHILD CARE WORKERS

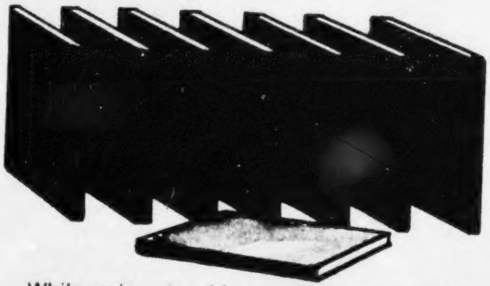
THE STUDENT'S MANUALS



There are seven student manuals, one per subject, plus an overall guide. The guide provides important information on how to use the course. The subject manuals are self-contained and self-instructional. They can be used for independent study or as preparation for classroom participation. The students work at their own pace, assessing their progress through pre- and post-tests. The manuals, written in clear, concise easily understood style, may be used sequentially for a total course or independently, allowing an individual student or group to create a course specific to their needs.

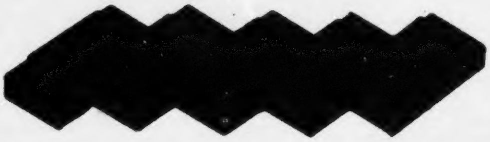
THE INSTRUCTOR'S MANUALS

There are seven instructor's manuals, one per subject, plus an overall guide. The guide explains how the teaching packages are designed and suggests teacher strategies especially useful with adult learners. The subject manuals contain a basic teaching curriculum plus enrichment materials. Detailed designs will benefit the less experienced instructor and provide the experienced instructor with a variety of resources. Class management details (group size, time and evaluation methods) are included along with a selected bibliography.



While various teaching methods are used, the emphasis is always on experiential learning. The students learn by participating in realistic, meaningful activities.

THE TAPE CASSETTES



Five tape cassettes have been prepared as an integral part of the curriculum. They are coordinated with the seven subjects. An order form is provided to order cassettes either individually or as a set.

SUBJECT MATERIAL

There is a Student's Manual and an Instructor's Manual for each of the titles listed below:

1 DEVELOPMENTAL PLANNING

Placing a child in a residential care facility and providing a productive environment for that child require careful planning. Developmental planning begins at the outset, when the request for residential care is made. It continues with development of a plan for service that includes: Bringing the child into the residential care; implementing the plan; evaluation of the service; moving the child out of residential care; and providing after care. The therapeutic role of the child care worker is emphasized at every step of the process and special attention is given to the development of observation, evaluation and log-recording skills.

2 DEVELOPMENTAL NEEDS

All children go through predictable stages of development and growth. But, as individuals, children develop at their own rate, in their own time. Understanding child development gives the child care worker a means of dealing with the physical and emotional development of children in an effective way. The knowledge of developmental stages from infancy through adolescence provides the child care workers with the ability to respond intelligently and effectively to the variety of needs expressed by the individual children in their care.

3 SEPARATION

The effects on the child of separation from friends and family are often profound and produce a variety of emotional and behavioral responses. These are studied along with the significance of continuing family relationships and the child care worker's role in helping the child at this critical time. The interaction of the child care worker, the child, the family and the other children in the residential facility is the focus of this subject area. Developing effective communication skills for working with these children is emphasized.

4 THE COTTAGE

Cottage is the name given to any kind of residential setting. Here the emphasis is on the philosophy and purpose of the cottage and on developing the skills needed by the child care worker for organization of cottage life. Management, leadership, problem solving and relationship building skills are taught. The special needs of children in residential care are described. The crucial times and activities of the day are analyzed in terms of their signficance to children separated from their families.

5 DISCIPLINE

Discipline is a means of establishing order in the child's life and is a way of effecting positive behavioral change. The emphasis here is on motiviating the child to become self-disciplined and able to recognize the need for effective discipline and control. The child care worker's knowledge and variety of techniques for dealing with behavioral problems are developed by studying numerous approaches to behavior change. Teaching discipline requires the child care worker to have self-knowledge; understanding of the children's needs; and understanding of the relationship shared by the child and the worker.

6 THE GROUP

Working with children in groups is an integral part of the life of a child care worker. The worker guides each individual child to become a participating, positive member of the group. Here, group dynamics within the cottage are stressed. Learning to meet the needs of the group while respecting and encouraging individual differences of members within the group is the main focus of this manual.

7 THE JOB

The child care workers examine their own roles and responsibilities in dealing with the children in their care. The impact of the worker's own needs, values and attitudes on the child are the central issues studied here. The effective handling of the pressures of child care work requires the development of self-awareness, self-confidence, and a sensitivity to oneself and to others. This includes the ability to understand the powerful effect of the worker's behavior on others, especially the children in their care.

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3b Cottage Programming and Activities	Manual 4	——
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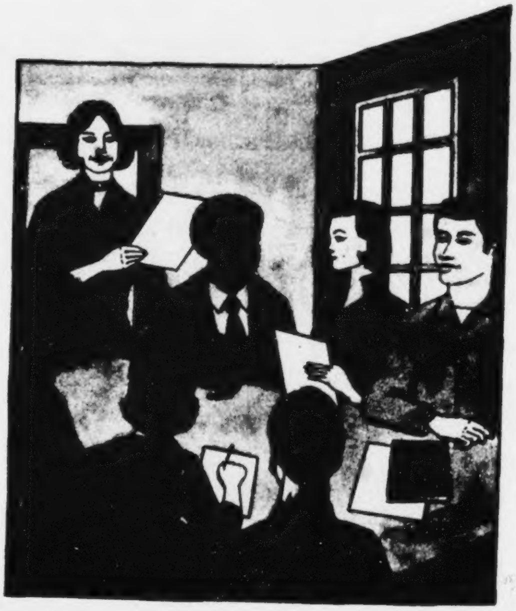

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Office of Human Development Services
Administration for Children, Youth and Families
U.S. Children's Bureau
National Center on Child Abuse and Neglect

Institutional Abuse

Accession Number Prefix Code

CD - Documents/Publications
CP - Programs
CR - Research Projects

Search Date: 5/5/78

Search Terms

Corporal Punishment
Institutional abuse and Neglect
Institutionalized children

CR-00107

National Inst. of Mental Health (DHEW), Adelphi, Md.
Mental Health Study Center.
2340 E. University Blvd.
Adelphi, MD 20783

Participant Observation of the Reorganization of a System of Care for Abused and Neglected Children: A Study in Child Advocacy.

Maney, A. C.; Gaughan, M.
75-continuing.

Research Purpose: To develop and report an understanding of those professional, bureaucratic, and political processes which affect the deinstitutionalization of child care sysems.

Research Methodology: Models contrasting the components of a professionally ideal system for the care of abused and neglected children with those of a metropolitan community's custodially oriented system have been developed with other community and professional groups. Strategies for bringing the components of the real system into greater alignment with the ideal are now being jointly formulated, implemented, and evaluated. The principal method is participant observation.

Research Results: The project is currently evaluating the impact of phasing out institutional care in terms of changes in use of existing components, development of new components, and the emergence of problematic issues.

CR-00159

Iowa State Dept. of Social Services, Des Moines. Div. of Community Services.
Lucas State Office Bldg.
Des Moines, IA 50311

Increasing the Effectiveness of Foster Care Through the Use of a Service Contract.

Zober, E.
Sep 74-continuing
Children's Bureau (DHEW), Washington, D.C.

Research Purpose: To demonstrate that effective case planning will increase opportunities for children in foster care to receive the most appropriate services for their needs.

Research Methodology: A single group of 50 children between the ages of 5 and 18 years are being studied. Each child came from a living situation with at least 1 biological parent, was old enough to understand a contract, remained in foster care for 6 weeks or more. Data were collected at the time the child was identified as a prospective case. Follow-up data are collected at monthly intervals during foster care and for 1 year following termination of foster care. Data are collected regarding objectives to be achieved during foster care and achievement of intermediate goals.

Research Results: In the selection of cases for the project it was found that half the children who appear on the caseloads do not come from a living situation with a biological parent but from one foster care placement to another. For the first 50 children in the project, the anticipated length of stay in foster care was 1 year or less. There may be an association between planning and length of stay in foster care. Data collection is in progress.

CD-00026
Child Abuse in Schools.
Amiel, S.
Northwest Medicine 71(11):808, November 1972.

Nationwide, more than 4.5 million children may be in danger of abuse at the hands of seriously maladjusted teachers. A recent survey disclosed that 25 percent of teachers described themselves as unhappy, worried, or dissatisfied; 17 percent were unusually nervous; and 9 percent were "seriously maladjusted." In Washington State, a report recommending legislation to protect school children cited 20 pages of complaints detailing sadistic punishment, hazardous activities, and the neglect of sick children. Children, unaware that such abuse is not authorized by their parents, may run away rather than endure it. Suggested legislation in Washington State includes: establishment of a child advocate counsel, greater control over the school environment, and the closing of noncomplying schools as unfit. 1 reference.

CD-00029
Children's Bureau (HEW), Washington, D.C. Div. of Social Services.
Children in Limbo.
Arnold, M.
Public Welfare 25(3):221-228, July 1967.

The child in limbo is defined as one in whom psychological growth and development are stagnant. Migrant children, some children of servicemen, children in search of parents, children drifting along in poor care, some institutionalized children, abused and neglected children, some children of working mothers, children in foster care, and children in need of unprovided services may be children in limbo. Retrieving these children from their status could be facilitated by increased federal funds, changes in state laws, permanent foster family care, and courageous innovation in child welfare.

CD-00069
Bendix Research, Berkeley, Calif.
Drug Modification of Behavior: A Form of Chemical Violence Against Children?
Bendix, S.
Journal of Clinical Child Psychology 2(3):17-19, Fall 1973.

The use of amphetamines for behavior modification in children raises many questions and problems. There is no clear-cut definition for minimal brain dysfunction which would determine candidates for drug therapy. Many especially creative, active, or independent children who have trouble conforming to adult norms could erroneously fall into this category by current definitions. Assuming that isolation of the hyperkinetic group is possible, there is a significant lack of evidence that the drugs do increase the child's learning ability or his ability to cope. Side effects are numerous and may be severe in children, and include physiological drug dependence. Also the child is conditioned to seek drugs as a solution to his problems during a formative period in his life. All too often the child's real problem goes unnoticed as the symptoms are masked by the amphetamines. 30 references.

CD-00144
New York School of Psychiatry, Ward's Island
Brain Damaged Adolescents: Their Miseducation in a Rehabilitation Center.
Brown, R. J.
American Journal of Orthopsychiatry 42(1):326-327, January 1972.

A prevocational-educational-therapeutic program for brain injured adolescents jointly written by a major city public school system and a voluntary rehabilitation agency resulted in multiple instances of child abuse. Vocational training consisted of only the most menial activities, many of which were monotonous and repetitious. No adequate facilities were provided for physical activities and recreation. Administrative antagonisms, clinical ignorance, fear of change, interdisciplinary rivalries, professional elitism, and interdepartmental power struggles have all contributed to petrify the program against the wishes of its staff. The program will only serve to salve the consciences of its innovators and provide welfare agencies with a future clientele.

CD-00278
Citizens Against Physical Punishment, Dallas, Tex.

"They Beat Children, Don't They?"
Duncan, C.
Journal of Clinical Child Psychology 2(3):13-14, Fall 1973.

A recent history of assaults on children in the Dallas school system is presented to emphasize that agencies are powerless to prevent such incidents within the school system. Many child care centers, mental institutions, and juvenile jails are equally abusive. Though institutional violence toward children in Texas is not uncommon, some groups are currently organizing anticorporal punishment legislation. National professional organizations could provide information and support for these organizations.

CD-00369
Brandeis Univ., Waltham, Mass. Florence Heller Graduate School for Advanced Studies in Social Welfare.
Helping Parents and Protecting Children. A Conceptual Model of Child Abuse and Its Implications for Social Policy.
Gil, D. G.
In: Steinmetz, S. K.; Strauss, M. A. (Editors), *Violence in the Family*, New York, Dodd, Meade, and Co. pp. 205-211, 1974.

Several studies including an extensive national survey indicate that child abuse does not result primarily from individual psychopathology, but instead, represents a multidimensional problem rooted in society's unconcern for the rights of children. Society's sanction of the use of corporal punishment against children appears to account for the wide prevalence of abuse (an estimated 2 million cases a year with 60 percent of the population believing that anyone is capable of abuse). Superadded to this general sanction of violence are the increased use of corporal punishment among the poor and among minority groups accounting for the high incidence of abuse among these populations. Reporting bias, the special stresses of poverty, and the lower level of verbal interaction among the lower class also may contribute to the problem. Precipitating events constitute yet another dimension. Social policy must be aimed at eradicating the use of corporal punishment.

against children particularly in the schools and other public institutions. In addition, the elimination of poverty and social inequality is necessary for achieving the ultimate goal of equal rights for children. More specific measures such as a comprehensive family planning program, family life education for adolescents, a national health service, and neighborhood based social services will also be useful. 6 references.

CD-00415
Timberlawn Psychiatric Center, Dallas, Tex.
Disciplinary Practices in Dallas Contrasted With School Systems With Rules Against Violence Against Children.
Hagebak, R. W.
Journal of Clinical Child Psychology 2(3):14-16, Fall 1973.

Corporal punishment is a common practice in many Texas school systems, particularly those in Dallas. Comparisons with systems not using physical punishment showed that systems using corporal punishment generally have more behavior problems than those who do not. Though physical punishment may temporarily allay outbursts it does not solve the underlying problems which will eventually cause further misconduct. Perhaps simpler than understanding and correcting the reasons behind misbehavior, corporal punishment is nevertheless often a cause of child frustration, confusion, apathy, and other psychological problems as well as physical injury.

CD-00443
Harvard Educational Review, Cambridge, Mass.
The Rights of Children.
Cambridge, Mass., Harvard Educational Review, 391 pp., 1974.

A collection of writings covers the development of the conceptions of children's rights; child advocacy; and social policy for children. Specific topics include (1) the present legal status of children and the philosophical justification for the rights of children; (2) the Massachusetts Task Force report on child advocacy; (3) a recounting of White House Conferences on children; (4) problems in juvenile justice; (5) a case study of the Massachusetts Youth Correctional System; (6) the problem of foster care in the U.S.; (7) alternative policies for helping abused and neglected children; (8) the use of drugs in treatment of hyperkinetic children; and (9) public policy assessment procedures. Also included are several reviews of related books. Numerous references.

CD-00540
Children's Cottages, Kew (Australia).
Some Children at Risk in Victoria in the 19th Century.
Judge, C.; Emmerson, R.
Medical Journal of Australia 1(13):490-495, March 30, 1974.

The lamentable conditions of the reform schools in Australia set up during the second half of the 19th century to care for the large number of delinquents and orphans generated by the gold rush are described. It is suggested that a review of these heinous conditions may help avert similar fates for the estimated 100,000 at-risk children in Australia today. 20 references.

CD-00648
Rethinking Children's Rights.
Marker, G.; Friedman, P. R.
Children Today 2(6):8-11, November-December 1973.

A discussion urges the legal profession to recognize and insure children's rights as persons. Children's rights which are basic to human development include the right to be raised in a supportive and nurturing environment; the right to adequate medical care; the right to appropriate education; the right to protection from severe physical and psychological abuse and neglect; and the right to have one's own best interest adequately represented. Expansion of these rights to children in institutions, exceptional children, and mentally retarded children is attributed to three precedent-setting court cases which are briefly described. Rights yet to be articulated by the legal profession include children's rights to medical care without parental consent, to adequate representation in the making of decisions that affect their lives, and to protection from parental abuses. 6 references.

CD-00655
Committee to End Violence Against the Next Generation, Berkeley, Calif.
Corporal Punishment.
Maurer, A.
American Psychologist 29(8):614-626, August 1974.

The use of corporal punishment in the school system is largely unjustified and has led to widespread cruelty against children. It is forbidden in only 3 states and expressly permitted in 17. Part of corporal punishment's persistence stems from a mistaken reliance by its advocates on laboratory research seeming to support punishment's efficacy. These studies do not take into account the realities of educational and childrearing customs. The punishment of the laboratory, any stimulus that reduces the frequency of the behavior that precedes it, is quite different from punishment as commonly understood—with its connotations of pain and retribution and its frequent involvement of great brutality. Furthermore, in the laboratory, punishment is used to modify narrowly defined units of behavior, whereas in the field the same punishment schedules are sought to be applied to complex patterns of behavior, resulting from widely different causes and involving subtle emotional states. In general, workers in the field have condemned corporal punishment although their studies are not always controlled experiments. Punishment is rooted partly in irrational primitive beliefs including the desirability of infanticide. Violent punishment may lead to violence in the child and abnormal emotional and sexual development; its use may inhibit learning and the development of self discipline. Experiments on punishment have neither established whether the punishment practiced in schools is sufficiently graduated in its severity to be an effective teaching agent nor whether it has lasting behavioral effects. 152 references.

CD-00919
The Rights of Juveniles Confined in Training Schools and the Experience of a Training School Ombudsman.
Silbert, J. D., Sussman, A. N.
Brooklyn Law Review 40:605-633, 1973-1974.

A review details the rights of juveniles confined to training schools as determined by the courts in a large number of judgments and describes the difficulties encountered by Ombudsmen within the New York State Training School System. These difficulties fell into 5 categories: ascertaining the truth, obtaining effective action through institutional and administrative bureaucratic structures, possessing the power only to recommend; maintaining credibility with the residents; and protecting the children's rights when such were either ill-defined or unenforced. Because of pervasive fear in staff administrators, and residents throughout the institution, there was a great tendency among the people to distort the truth, and contradictory statements abounded. The complex bureaucratic structure often generated an atmosphere of unaccountability on the part of staff and administrators. The lack of any real authority on the part of the Ombudsmen was a source of frustration, and thus in part contributed to a difficulty in maintaining a relationship in which they could be trusted by the residents. Frequently the children's rights were flagrantly violated because they were so ill-defined that the children were unaware of them or they did not exist in the institution. It is concluded that residents are frequently not treated as human beings with feelings, fears, aspirations, and rights. Numerous references.

CD-01178
Constitutional Right to Treatment for Juveniles Adjudicated to Be Delinquent.
Frisch, M.
American Criminal Law Review 12(1):209-218, Summer 1974.

The decision by the Court of Appeals for the Seventh Circuit in Nelson v. Heyne, 355 F. Supp. 451, Aff'd nos. 72-1970; 73-1446 (7th Cir. Jan. 31, 1974), that inmates of a juvenile correctional institution have an affirmative constitutional right to treatment, is discussed. The case was a class action on behalf of juvenile inmates of the Indiana Boys School. The complaint sought both declaratory and injunctive relief from specific practices which included the use of corporal punishment, intramuscular injections of tranquilizing drugs, solitary confinement for periods of from 5 to 35 days, the censorship of incoming and outgoing mail, and compulsory Sunday attendance at either Protestant or Catholic services. The court felt it necessary to decide the case for the plaintiff on broad constitutional grounds, based on an analysis of both the due process provision of the fourteenth amendment and the cruel and unusual punishment ban imposed by the eighth amendment. The policy motivating the decision in Nelson was a recognition by the court of the special requirements of the juvenile justice system, particularly the need for rehabilitative treatment. Implications of the right to treatment argument are explored in depth. Numerous references.

CD-01187
Brandeis Univ., Waltham, Mass. Florence Heller Graduate School for Advanced Studies in Social Welfare.
Violence Against Children.
Gil, D. G.
Cambridge, Mass., Harvard University Press, 216 pp., 1973.

The nature, dynamics, and scope of physical abuse of children in the U.S. were explored, and the incidence and patterns of distribution of child abuse among selected segments of the population were determined. Violence against children is not a rare occurrence, and may be endemic in U.S. society because of a child-rearing philosophy which sanctions, and even encourages, the use of physical force in disciplining children. Further, the abuse of children by society, which permits millions of children to grow up under conditions of severe deprivation, is a much more serious social problem than abusive acts toward children committed by individual caretakers. While child abuse occurs among all groups in the population, children living in deprived circumstances are more likely than other children to be subjected to abusive acts by their caretakers. Children are being abused physically and emotionally not only in their own homes, but also in the public domain, in schools, and in other child care settings, especially those schools and institutions that serve children from economically depressed neighborhoods. Educational and legal efforts should be made to reverse culturally determined permissive attitudes toward the use of physical force in child rearing. As poverty is strongly related to the physical abuse of children, efforts should be aimed at its elimination. Finally the contribution of medical and psychological deviance of individuals and families to child abuse must be alleviated by more comprehensive community medical and mental health programs.

CD-01621
Children's Bureau (DHEW), Washington, D.C.
Child-Caring Institutions: Their New Role in Community Development of Services.
Gula, M.
Children's Bureau (DHEW), Washington, D.C. 27 pp. (368-1958), '1969.

In a guide for both community members and administrators of child care institutions, ways of identifying children in need of help and of serving them through such institutions as foster families, group homes, orphanages, and mental hospitals are discussed. Patterns of children in need of care change as changing social conditions affect the family and the community. Children presently served by institutions include delinquent children, emotionally disturbed children, retarded children, and dependent and neglected children. The decision on whether to place a child in a foster home or a large institution, or to treat the child in the home, depends on such factors as the needs and desires of the child and the parents, and the available resources. Resources available for child care vary considerably among communities. Many institutions find themselves faced with new demands by communities as conditions change. Institutions with a tradition of serving normal children, for example, may be urged to provide short-term care for disturbed or delinquent children. Twenty characteristics of a good child-caring institution are listed, and recommendations for long-range planning for the institutional care of children are made. Numerous references.

CD-01692
Juvenile Court Digest.
Schools, Corporal Punishment.
Juvenile Court Digest 9(7):214-218, July 1977.

The Supreme Court of the United States held (5-4) that the infliction of disciplinary corporal punishment on public school children does not violate the 8th Amendment's constitutional prohibition against cruel and unusual punishment, nor does the the Due Process Clause of the 14th Amendment require prior notice and hearing (Ingraham v. Wright, 96 S.Ct. 1401 (1977)). The constitutional issues presented were considered against the background of historical and contemporary approval of reasonable corporal punishment. The Court reasoned that existing civil and criminal liabilities for any punishment beyond the scope of the common law privilege are sufficient restraints to remedy and deter the excesses alleged in the case by the Florida junior high school students. Imposing additional administrative safeguards as a constitutional requirement might reduce the risk of wrongful punishment marginally, but would also entail a significant intrusion into an area of primary educational responsibility. The dissent reasoned that if some punishments are so barbaric that they may not be imposed for the commission of crimes, by stronger logic similar punishments may not be imposed for the commission of less culpable acts, such as breaches of school discipline. The dissent also argued that the purpose in providing due process when a state punishes an individual is to protect that individual from mistaken punishment. The tort remedy also is inadequate, the dissent concluded, because Florida's law prevents a student from recovering damages from a teacher proceeding in good faith on the reports and advice of others.

CD-01698
Boston Coll., Chestnut Hill, Mass. School of Law.
Children, Individuals Without Rights.
Katz, S. N.
Student Lawyer 1(3):48, 50, 52, February 1973.

The history of legal action taken by the state in cases concerned with the parent-child relationship contains inconsistent approaches to the situation. On the one hand there are statements which view the parent-child relationship as natural; on the other hand, parens patriae may be exercised with the understanding that the state is the ultimate keeper of the child's welfare. States may exercise parens patriae to replace the parent in determining the destiny of the child, as is done routinely when emergency medical care for the child is encumbered by religious objections on the part of the parents. The trend for such procedures was set in the 1952 case of People v. Labrenz. Child abuse and neglect constitute frequent grounds for governmental abrogation of parental rights. Physical force is considered to be a parent's right to exercise as a child rearing technique; however, in the home or school there may be little or no safeguards to protect the child from physical harm beyond instances of extreme abuse. While instances of neglect are not as dramatic as abuse, the eventual outcome of court proceedings in both instances may be removal of the child from the natural parents. The rights of parents are carefully guarded, but little attention is paid to meticulous selection of foster parents when removal proceedings are warranted. Child welfare agencies may use the child as a pawn against parents or foster parents. At times the overburdened workload which agencies carry may prevent the child from receiving proper attention or consideration, thereby neglecting the essential needs of the child. In the adoption process the goal of child protection is sometimes lost in favor of excessive concerns for the legal rights of parents. On balance, the protection of individual rights has not been applied evenly to children as is the case with parents.

CD-01726
Postgraduate Medical Inst., Prague (Czechoslovakia).
Psychological Deprivation in Childhood.
Langmeier, J.; Matejcek, Z.
New York, John Wiley & Sons, 496 pp., 1975.

The effects of psychological deprivation in childhood are discussed as the result of an evaluation of institutions in Czechoslovakia. Models of child deprivation in the past are contrasted with those of contemporary societies, in an attempt to identify factors underlying deprivation. There is not a single prototype to describe the deprived child, but rather there are various types of deprived personalities. Long- and short-term deprivation in institutions and in families is described, and the importance of internal and external factors and of social and cultural forces are examined. A multi-level theory of psychological deprivation is offered as a framework in which diagnostic, therapeutic, and preventive problems can be attacked. 1,264 references.

Data from the following files: APA; ERIC; CEC

DOC YEAR: 1975 VOL NO: 53 ABSTRACT NO: 10115

Type and prevalence of medication used in treating hyperactive children.

Krager, John M.; Safer, Daniel J.

Baltimore County Dept of Health, Towson, MD

New England Journal of Medicine 1974 Nov Vol 291(21) 1118-1120

Presents the results of a 1971 and 1973 survey on the use of medication for hyperactivity in elementary school children (N = 1,894) in Baltimore County, Maryland. School nurses were asked to list the names of children receiving such medication, the name(s) of the drug(s), the reason for its administration, and the person who administered it. In 1971 in Baltimore County public schools, nurses reported that 1.07% of the children were on such medication. In 1973, this had increased to 1.73%. Results also show that in 1971, 76.2% of the children given medication for hyperactivity received stimulants (methylphenidate or dextroamphetamine), whereas by 1973 this had increased to 88.2%. A consistent finding was that children in wealthier areas received medication more often than those in lower socioeconomic areas of the county.

CLASSIFICATION- 15

SUBJECT TERMS- SURVEYS, SCHOOL AGE CHILDREN, DRUG THERAPY, HYPERKINESIS; 50830, 45540, 15380, 23760

INDEX PHRASE- medication type & prevalence, hyperactivity, school age children, 1971 & 1973 survey

Rethinking Children's Rights.
AUTHOR: Marker, G., Friedman, P. R.
3931K1 c7601
November-December 1973
MONITOR: 18
Children Today 2(6):8-11, November-December 1973.

ABSTRACT: A discussion urges the legal profession to recognize and insure children's rights as persons. Children's rights which are basic to human development include the right to be raised in a supportive and nurturing environment; the right to adequate medical care; the right to appropriate education; the right to protection from severe physical and psychological abuse and neglect; and the right to have one's own best interest adequately represented. Expansion of these rights to children in institutions, exceptional children, and mentally retarded children is attributed to three precedent-setting court cases which are briefly described. Rights yet to be articulated by the legal profession include children's rights to medical care without parental consent, to adequate representation in the making of decisions that affect their lives, and to protection from parental abuses. 6 references.

DESCRIPTORS: *Childrens rights, *Institutionalized children, *Retarded children, *Exceptional children, *Child advocacy, *Judicial decisions, *Right to treatment,

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DOC YEAR: 1975 VOL NO: 53 ABSTRACT NO: 10115

Type and prevalence of medication used in treating hyperactive children.

Krager, John M.; Safer, Daniel J.
Baltimore County Dept of Health, Towson, MD
New England Journal of Medicine 1974 Nov Vol 291(21) 1118-1120

Presents the results of a 1971 and 1973 survey on the use of medication for hyperactivity in elementary school children (N = 1,894) in Baltimore County, Maryland. School nurses were asked to list the names of children receiving such medication, the name(s) of the drug(s), the reason for its administration, and the person who administered it. In 1971 in Baltimore County public schools, nurses reported that 1.07% of the children were on such medication. In 1973, this had increased to 1.73%. Results also show that in 1971, 76.2% of the children given medication for hyperactivity received stimulants (methylphenidate or dextroamphetamine), whereas by 1973 this had increased to 88.2%. A consistent finding was that children in wealthier areas received medication more often than those in lower socioeconomic areas of the county.

CLASSIFICATION- 15

SUBJECT TERMS- SURVEYS, SCHOOL AGE CHILDREN, DRUG THERAPY, HYPERKINESIS; 50830, 45540, 15380, 23760

INDEX PHRASE- medication type & prevalence, hyperactivity, school age children, 1971 & 1973 survey

DOC YEAR: 1974 VOL NO: 51 ABSTRACT NO: 07207
The potential role of professional psychological associations in curbing violence against children.
Keith-Spiegel, Patricia
California State U., Northridge
Journal of Clinical Child Psychology 1973 Fal Vol. 2(3) 50-51
Discusses the author's attempts to have organized associations of psychologists come out strongly against the use of physical punishment in the schools. Many of the individual reactions encountered in the attempts are enumerated. It is hoped that psychologists will be among the forces at work to curb violence against children.
CLASSIFICATION- 13
SUBJECT TERMS- VIOLENCE, PROFESSIONAL ORGANIZATIONS, PSYCHOLOGISTS; 55770, 40760, 41750
INDEX PHRASE- professional organizations & psychologists' role in curbing violence

DOC YEAR: 1974 VOL NO: 51 ABSTRACT NO: 01322
Children and their caretakers.
Denzin, Norman K.
U. Illinois
New Brunswick, N.J.: Transaction Books, 1973. 333 p. $7.95(cloth), $2.95(paper)
Documents the effects of adults who refuse to accept children's natural potentials with emphasis on decaying schools, discriminatory treatment in courts and jails, physical abuse by parents, and administration of artificial tranquilizers to cure overactivity and misbehavior. Day care centers, interracial dating, social class prejudice in high schools, and rights of the American Indian are discussed.
CLASSIFICATION- 14
SUBJECT TERMS- BOOK, CHILD ABUSE; 06590, 08650
INDEX PHRASE- adult mistreatment of children in schools & at home & in courts & jails & in social situations, book

DOC YEAR: 1974 VOL NO: 51 ABSTRACT NO: 07375

Disciplinary practices in Dallas contrasted with school systems with rules against violence against children.

Hagebak, Robert W.

Timberlawn Psychiatric Center, Dallas, Tex.

Journal of Clinical Child Psychology 1973 Fal Vol. 2(3) 14-16

Relates the extremely high rate of child abuse existent in Dallas with more than 20,000 cases of students being physically punished in schools, often with resulting serious injuries. Paddling is seen as a tension-releaser for the adult, not as a deterrent to poor behavior. It does not represent a solution to classroom behavior problems.

CLASSIFICATION- 14, 16

SUBJECT TERMS- CHILD ABUSE, CLASSROOM DISCIPLINE; 08650, 09420

INDEX PHRASE- child abuse in disciplinary practices in schools, Dallas

DOC YEAR: 1974 VOL NO: 51 ABSTRACT NO: 07207

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Keith-Spiegel, Patricia

California State U., Northridge

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EJ077376 EA503813
Beating School Children: A Practice That Doesn't Improve Their Behavior or Their Learning. III -- On the Rights of Children
American School Board Journal; 160; 6; 19-21 Jun 73
Descriptors: Class Management/ Court Cases/ *Discipline/ Discipline Problems/ Public Schools/ *Punishment/ Student Behavior/ *Student Rights
Identifiers: *Corporal Punishment

Physical punishment of children is not only inefficient in maintaining discipline, but also harmful. School officials who favor it are often personally frustrated. (WM)

EJ075912 AA515775
A Parent-Teachers View of Corporal Punishment
Hentoff, Nat Today's Education; 62; 5; 18-21,56 May 73
Descriptors: Civil Liberties/ Court Litigation/ *Discipline/ *Discipline Policy/ Learning Processes/ Parent School Relationship/ *Punishment/ School Surveys/ *Student Teacher Relationship/ *Teacher Behavior

Discusses the use of corporal punishment in the American school system, the effects it has on children and older students, and the efforts of responsible parents to stop its practice in the schools in concert with court decisions on constitutional rights. (RK)

EJ066008 SE507200
This is Going to Hurt you More than it Hurts Me
Trotter, Robert J. Science News; 102; 21; 332-333 Nov 72
Descriptors: *Behavioral Science Research/ *Discipline/ *Educational Environment/ *Parent Child Relationship/ *Periodicals/ Science Education/ Social Problems/ Violence

Discusses the thesis that the administration of physical punishment to children may pre-dispose them to violence as adults. Child-rearing practices, physical punishment within the schools, modeling of violent behavior by adults, and the self-fulling prophecy, i.e., you are bad,'' are types of practices considered. (LK)

EJ089966 PS502956
Rethinking Children's Rights
Marker, Gail; Friedman, Paul R. Children Today; 2; 6; 8-11 Nov-Dec 73
Descriptors: *Legal Responsibility/ *Laws/ *Institutionalized (Persons)/ *Problem Children/ Child Abuse/ Mental Health/ Mentally Handicapped/ Educational Opportunities/ Court Cases
Identifiers: *Childrens Rights
Review of major cases involving the right to education and the rights of children within institutions. (ST)

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ED080196 PS006734

Testimony of Dr. David G. Gil, Brandeis University, at Hearings of U.S. Senate Subcommittee on Children and Youth on the "Child Abuse Prevention Act", S.1191 (93rd Congeess, 1st Session) March 26, 1973.

Gil, David G.

Publ. Date: 26 Mar 73 Note: 10p.

EDRS Price MF-$0.76 HC-$1.58 PLUS POSTAGE

Descriptors: *Child Abuse/ *Child Welfare/ Disadvantaged Youth/ *Discipline/ *Federal Legislation/ School Policy/ *Social Problems

This testimony concerning physical abuse of children proposes a definition of child abuse and neglect based on the inherent equal worth of all children and a belief in their equal social, economic, civil, and political rights. Child abuse or neglect is considered the responsibility of individuals, institutions, and society as a whole with the underlying cultural cause of the rooted in widespread acceptance of physical discipline. Important trends indicate that the incidence rate of child abuse is higher among the disadvantaged segments of society; cases outside of the home tend to go unreported; and the problem is not confined to very young children. The witness argues for additions to the Child Abuse Prevention Act, including a clear definition of child abuse and neglect, a statement of children's rights, a rejection of all forms of physical force against children in the public domain, and specification of a minimal living standard for children. (DP)

ED082363 EA005483

Discipline Crisis in Schools: The Problem, Causes and Search for Solutions. Education U.S.A. Special Report.

Jones, J. William

National School Public Relations Association, Arlington, Va.

Publ. Date: 73 Note: 67p.

Available from: National School Public Relations Association, 1801 North Moore Street, Arlington, Virginia 22209 (Stock #411-13445, $4.75, Prepayment requested)

EDRS Price MF-$0.76 HC Not Available from EDRS. PLUS POSTAGE

Descriptors: *Court Cases/ *Discipline/ Discipline Problems/ Drug Therapy/ Humanization/ Hyperactivity/ *Parent Role/ Public Schools/ Student Rights/ *Teacher Role/ Vandalism/ *Violence

Identifiers: *Corporal Punishment

Statistics bear out comments by concerned administrators that across the nation teachers are working in a state of fear, at times subjected to assaults, harassment, intimidation, and rape; and that unlawful and violent acts by students on campuses have occurred with so much more openness and defiance than in the past that the physical safety of individual students is in jeopardy. This report explores the causes of this breakdown in discipline and discusses conflicting viewpoints on what to do about the problem including whether or not corporal punishment should be permitted. The report also examines what courts have said about discipline. In discussing solutions to the problem, the report examines the use of drugs to control hyperactive children and provides guidelines for teachers and parents. (JF)

EC062509

The Rights of Children.

Publ. Date: 74- 391P.

Available from: HARVARD EDUCATIONAL REVIEW, LONGFELLOW HALL, 13 APPIAN WAY, CAMBRIDGE, MASSACHUSETTS 02138 ($6.50).

EDRS: NOT AVAILABLE

Descriptors: EXCEPTIONAL CHILD EDUCATION/ HANDICAPPED CHILDREN/ CHILD ADVOCACY/ CIVIL RIGHTS/ LEGAL RESPONSIBILITY/ SOCIAL SERVICES/ INSTITUTIONALIZED (PERSONS)/ ADOLESCENTS/ FOSTER CHILDREN/ CHILD ABUSE / NEGLECTED CHILDREN/ CLASSIFICATION/ STUDENT PLACEMENT/ LITERATURE REVIEWS

Eighteen entries focus on the foundations of children's rights, the balance between the interests of the state, family, and the child, and specific institutions and services for children. Two articles on children's rights consider legal provisions for children's rights and a philosophical justification for children's rights. Child advocacy is examined in four entries, including a statement by Senator W. Mondale, an interview with M.W. Edelman, Massachusetts Task Force Reports, and reports from White House Conferences on Children. A poem and seven articles on social policy for children address the following issues: myths and realities in the search for juvenile justice; the Massachusetts Youth Correctional System; foster care; abused and neglected children in America; amphetamines in the treatment of hyperkinetic children; student classification, public policy and the courts; and assessment procedures. Four entries present reviews of books in the areas of children and youth in America; child care; marriage, parenthood and family; and student rights. (GW)

EC052656

Souls in Extremis.

BLATT, BURTON

Publ. Date: 73- 576P.

Available from: ALLYN AND BACON, INC., 470 ATLANTIC AVENUE, BOSTON, MASSACHUSETTS 02210

EDRS: NOT AVAILABLE

Descriptors: EXCEPTIONAL CHILD EDUCATION/ MENTALLY HANDICAPPED/ INSTITUTIONS/ INSTITUTIONALIZED (PERSONS)/ EDUCATIONAL NEEDS/ PSYCHOLOGICAL NEEDS/ CHILD ABUSE/ INSTITUTIONAL ENVIRONMENT/ CASE STUDIES

The anthology includes brief verbal or pictorial essays, case histories, aphorisms, and poems; and exposes conditions in institutions for mentally handicapped children. The author maintains that every retarded individual can be better served within the community than within institutions, and stresses the acceptance of personal responsibility for the abuses of institutions as a prerequisite to needed social changes. The following are titles of sample essays: "The Demography of a Mental Retardation Region", "The Social Experiences of Newly Committed Retarded Children", "Language Stimulation in State Institutions", "School-age Children Not in School", "A New Child Abuse Law", "Willowbrook", "On the Educability of Intelligence", and "The Faces and Conditions of Bigotry". Case studies include Larry, a 32-year-old man mistakenly institutionalized as retarded his entire life; idiot savants; Billy, whose self destructive behavior was decreased through the use of behavior modification techniques; Carol, a 10-year-old in a state institution for the retarded because of a physical handicap; and Herb, a 54-year-old retarded man living independently in spite of pressures to enter an institution. Aphorisms and poems look at issues such as death and life, the abolition of evil, institutions, humanness, science and treatment, God, civilization, victims and victimizers, mental health economics, friendship, love, learning, and the present as future. (DB)

EC060549

Addressing Children's Needs.

FERRO, FRANK

CHILDREN TODAY V2 N6 P12-13,35 NOV-DEC 1973 Publ. Date: 73-NOV-DEC 3P.

EDRS: NOT AVAILABLE

Descriptors: EXCEPTIONAL CHILD SERVICES/ HANDICAPPED CHILDREN/ CIVIL LIBERTIES/ COURT CASES/ EQUAL EDUCATION/ CHILD ABUSE

Discussed are the rights of children and efforts of the Office of Child Development (OCD) and the Community Coordinated Child Care Program (4-C) to promote these rights. Noted are activities of some 4-C groups who aid diabetic children, provide health screening programs, and run a media center for day care programs. Examined are relevant court decisions such as the Gault Case which held that a minor cannot be denied due process of law. Considered are legal aspects of child abuse and neglect cases, labeling of culturally different children as mentally retarded, and the right to equal educational opportunities. It is reported that OCD is supporting several projects concerned with children's rights including studies of residential institutions, the effects of labeling, and revision of child abuse laws. (DB)

EC080954
A Child Is Being Beaten: Violence Against Children, An American Tragedy.
CHASE, NAOMI FEIGELSON.
Publ. Date: 75- 225P.
Available from: HOLT, RINEHART AND WINSTON, INC., 383 MADISON AVE., NEW YORK, NY 10017 ($8.95)
EDRS: NOT AVAILABLE
Descriptors: Exceptional Child Education/ Disadvantaged Youth/ *Child Abuse/ *Social Influences/ *Agency Role/ *Family Problems/ *Public Policy/ Historical Reviews/ Failure Factors/ Discriminatory Attitudes (Social)/ Case Histories/ Courts/ Program Effectiveness/ Institutions/ Statistical Data/ Child Care/ Social Welfare

Child abuse is seen as a problem resulting from inadequate functioning in such social agencies as the school, welfare, unemployment, legal, and child-custodial systems rather than a problem solely of individual or family pathology. Provided are chapters on the following topics: the maltreatment of children throughout history; discrimination against children, particularly the poor; the detrimental effects of society's relief, prevention, and rehabilitation system; the failure of various social systems in preventing an incident involving the death of a 3-year-old beaten to death by her stepfather; characteristics of individuals most likely to be abusers; the need for reform of the family court system; the shortcomings of treatment programs; the mistreatment of children in publicly supported institutions; the future of individuals abused as children; statistical data on state reporting systems, public funding, child abuse cases, abusing parents, foster care, families, mobility, working mothers, family income, and infanticide; and the need for more flexible child care programs. Each chapter is introduced by statements by such individuals as the director of a child protection agency, a social worker, and a state superintendent of social services. It is concluded that a reorienting of public policy is needed in providing useful employment, decent housing, income redistribution, and quality health care. (SB)

☆U.S. GOVERNMENT PRINTING OFFICE: 1978-260-923/5053